A4375-9.1F 3/87

STATE CREDENTIALING OF THE HEALTH OCCUPATIONS AND PROFESSIONS

The National
Clearinghouse on Licensure,
Enforcement and Regulation

The Council of
State Governments

Copyright 1986
The Council of State Governments
Iron Works Pike
P. O. Box 11910
Lexington, Kentucky 40578

Manufactured in the
United States of America

C-40
$25.00

PREFACE

States regulate over fifty health occupations and professions. Each state legislature determines which health occupations and professions the state will regulate, the type of credential, the scope of practice of the profession, and the administrative and policymaking structures which will carry out the ongoing regulatory functions.

The Council of State Governments has published a series of research reports beginning in 1952 with Occupational Licensing in the States, designed to provide policymakers with comparative state information on state occupational and professional regulation issues. In 1984 the Council of State Governments and the National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) were awarded a three-year project on Analysis and Exchange of Information and Data on State Credentialing of Health Personnel, by the Bureau of Health Professions, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services. Under this project, the state statutes and administrative regulations pertaining to some 45 health occupations and professions have been collected. Using these laws, staff have compiled tables on the nature of state credentialing, including the structures, state credentialing requirements, and inter-state reciprocal agreements for twelve health occupations and professions.

This report -- State Credentialing of the Health Occupations and Professions -- is one of two reports produced during the project's first year. Special thanks for their expert advice and oversight during the project's first year are due to the Health Professions Licensure Information System Advisory Committee members: Dr. Joseph Hamburg, Professor, University of Kentucky Medical School; Helen Herring, LCSW, Partner, Herring, Reeb and Associates; Barbara Nichols, RN, Secretary, Wisconsin Department of Regulation and Licensing; Dr. Benjamin Shimberg, Senior Research Associate, Educational Testing Service; Sara Townsend, Majority Whip, New Hampshire House of Representatives; and William L. Wood, Jr., attorney-at-law, Scarsdale, New York.

The Project Director has been Frances Stokes Berry, the Council of State Governments Program Manager for Licensure and Regulation, and Director of CLEAR. Ed Bowling, Mark Ford, Ellen Hume and Dorrie Mazzone have served as research assistants for the project. Blessing Brown has been the project's secretary and meeting coordinator. Pat Bancroft and Joy Pettit have ably assisted in typing the project's reports.

The Project Officer has been B. Jerald McClendon,

Bureau of Health Professions, HRSA, U. S. Department of Health and Human Services. He has given excellent counsel to the project's staff.

Thanks are also extended to the people and organizations who reviewed the report's first draft and made comments on its substance and fact. Any remaining errors, however, are the full responsibility of the report's authors. The reviewers include: Marsha Kelly, National Council of State Boards of Nursing; Sheila Denton, Executive Director, National Association of Physical Therapy; Karen Mullinax, Chair, Political and Economic Affairs Committee, American College of Nurse-Midwives; Thomas Speer, Director of Professional Relations, American Chiropractic Association; and Jane Acquaviva, Assistant Director, Government and Legal Affairs Division, American Occupational Therapy Association, Inc.

The Council of State Governments and CLEAR gratefully acknowledge the Health Resources and Services Administration's support under Contract #240-84-0094, without which this project could not have been undertaken.

Carl Stenberg, Exec. Dir.
Council of State Governmens

Wellington Webb, Exec. Dir.
CO Dept. of Reg. Affairs
Chairman, CLEAR

TABLE OF CONTENTS

		Page
	Preface	i
I.	Introduction	1
II.	State Regulation of Health Occupations and Professions	13
III.	State Laws Pertaining to Health Professions Credentialing Enacted in 1985	17
IV.	Major Court Decisions Pertaining to Credentialing in 1984	27
V.	State Regulation of Acupuncture	31
VI.	State Regulation of Chiropractic Medicine	46
VII.	State Regulation of Licensed Practical Nurses	72
VIII.	State Regulation of Registered Nurses, Nurse Practitioners, and Nurse Midwives	95
IX.	State Regulation of Occupational Therapy	133
X.	State Regulation of Physical Therapy	151
XI.	State Regulation of Podiatric Medicine	174
XII.	Health Professions Under State Sunset Review	197
XIII.	Health Professions Under State Sunrise Review	206
XIV.	Resources	211

CHAPTER I

INTRODUCTION

INTRODUCTION

Background

States have regulated health professions for over a hundred years, beginning with the licensure of physicians in the 1850's. Today it is estimated that over 800 occupational titles are regulated by one or more states, and the large majority of them are in the health fields.

Since 1965, vast changes have taken place in America's health delivery systems and the utilization of trained health personnel in them. New technology and the resulting specialization of health personnel have contributed to a large increase in the numbers of allied health occupations, and have redefined the scope of practice for established and emerging health professions alike. Representatives from many of the newer allied health occupations have gone to state legislatures to request state regulation of their occupation. In 1984, new licensure bills were enacted regulating radiologic technologists, occupational therapists, respiratory therapists, counselors, physical therapists and physician's assistants.

The impact of state licensure is anti-competitive. Licensure restricts who may provide certain services by requiring educational and experiential standards before a license is granted. Once a profession is licensed, no one may practice that profession without having a current license. By restricting the number of people entering a profession and by limiting the ability of emerging professions to work independently, licensure sometimes results in increased costs to consumers.

Since licensing requirements vary from state to state and by profession, the mobility of practitioners can be hampered. In addition, reciprocity laws sometimes prohibit professionals from practicing in all states. The result can be an oversupply in one geographical area and a dire need for the service in another. Scope-of-practice statutes for established professions may unnecessarily restrict services that auxiliary professions provide and cause auxiliaries to be underused.

During the 1970's, both the state and federal governments gave increased attention to health professions credentialing. At the federal level, the U.S. Department of Health, Education and Welfare sponsored a series of tasks forces and studies on health occupational credentialing. A 1971 Report on Licensure and Related Health Personnel Credentialing looked at the impact of state credentialing on the health care system and recommended increased emphasis on high-quality, private-agency credentialing. The report also recommended a "two-year moratorium on the enactment of legislation that would establish new categories of health personnel with statutorily-defined scopes of functions". Two years later, a second report entitled Developments in Health Manpower Licensure further chronicled what states were doing regarding health occupational credentialing since the 1971 report was issued.

And finally, a 1977 report, A Proposal for Credentialing Health Manpower, recommended that a national certification commission be established to develop, evaluate and oversee national standards for private certifying agencies in health occupations.

At the state level, interest in regulatory reform during the 1970's gave rise to sunset laws. Passed by 36 states, sunset laws schedule occupational licensing boards and state agencies for periodic performance audit reviews. Each scheduled board or agency will automatically terminate on an appointed date unless the legislature acts affirmatively to enact legislation preserving and extending the regulatory functions.

More recently, states have established sunrise processes to review requests for licensure from representatives of unregulated health occupations. Generally, the process includes a series of cost/benefit and other questions which require the requesting occupation to shoulder the burden of proof that occupational regulation is necessary to protect the public.

Type of State Credentialing

State regulation of health occupations and professions takes three forms: licensure, certification and registration. The three types of state credentialing provide different levels of restrictions on entry into the occupation or profession, with licensure being the most restrictive form of state credentialing and registration the least restrictive. Specifically, licensure restricts the scope of practice so that it is illegal for a non-licensed person to perform the covered services. Through licensure laws, states specify the minimum educational and training requirements needed by applicants, administer an exam, issue and renew licenses, and establish enforcement procedures to discipline incompetent or fraudulent practitioners.

Certification generally refers to a credential issued by a non-government agency or association which recognizes an individual's achievements of predetermined competence and standards. But states adopt "statutory certification," which limits use of particular titles to persons meeting predetermined requirements, and for the purpose of this report, "certification" is "statutory certification."

Registration is the least restrictive from of state regulation. It can be as simple as requiring a person to provide his name, address and training to a state agency or registration can require individuals to first meet minimum practice standards before registering and using the title of registered practitioner.

Major Issues

State policy makers continue to grapple with most of the same issues which were on the policy agenda in the early 1970's, although some issues, such as adding consumer representation to licensure boards, have had new solutions proposed and enacted. But with growing concern over burgeoning health care costs and incompetent practitioners, the issues have been reprioritized in the 1980's.

Incompetent Practitioner At the state and federal level, incompetent practitioners -- how to find them and how to deal with them -- has emerged as a number one priority for state legislators and regulators. Legislatures are providing increased funding for enforcement functions.

Practice acts are being amended to expand the disciplinary sanctions available to regulators beyond suspension and revocation. The most frequent additional sanctions include administrative fines, reprimand and probation.

State licensing boards are increasingly developing policies on dealing with practitioners who abuse drugs or alcohol, referring abusers to treatment programs for rehabilitation when possible, and tracking practitioners' successes and failures after treatment.

In May 1984, Sen. John Heinz introduced the Medicare and Medicaid Patient And Program Protection Act in the Senate which gives the U.S. Dept. of Health and Human Services greater powers to exclude fraudulent and incompetent health practitioners from Medicare and Medicaid. This bill would require state licensing boards to report all disciplinary actions taken to the Dept. to assist in identifying incompetent practitioners. As of January 1986, a House bill has passed and a similar bill is under consideration by the Senate and is expected to pass.

In an effort to promote continuing professional competency, states have adopted mandatory continuing education (MCE) requirements since 1972. There is increasingly strong evidence that MCE and continuing competency are not positively correlated. States are beginning to examine other methods to assess and ensure continuing individual competency. Private certifying agencies have devoted more resources and attention to developing methods that assess and ensure continuing competency.

A variety of methods, including self-assessment tests, periodic re-examination, chart audits, peer review, and computerized simulations are currently used by private certifying agencies to promote continuing competency among their credentialed membership. States will likely adopt these privately developed methods or spend considerable financial resources to develop their own methods in the future to go beyond MCE in assuring continuing competency.

Deciding When to Regulate One of the most difficult licensing decisions facing state legislators today is deciding when an occupation should be regulated by the state. In A Proposal for Credentialing Health Manpower, six criteria were suggested for determining whether a health occupational group should be regulated. According to the report, a health occupational group should be regulated if:

(1) The unregulated practice of an occupation will harm or endanger the health, safety and welfare of the public, and the potential for harm is recognizable and not remote or dependent on tenuous arguments.

(2) The practice of an occupation requires a high degree of skill, knowledge and training, and the public requires assurances of

initial skill and continuing occupational competence.

(3) The functions and responsibilities of the practitioner require independent judgment and the members of the occupational group practice independently.

(4) The scope-of-practice of an occupation is distinguishable from other licensed and unlicensed occupations.

(5) The economic impact on the public of regulating this occupational group is justified.

(6) There are no adequate alternatives to regulation (i.e., statutory certification or registration) that will protect the public.

In 1984 six states had adopted "sunrise" programs. Although the processes differ, the purpose is the same: to review and analyze requests from occupations for new forms of state regulation. After requests are reviewed, typically by a committee of health professionals, state regulators and consumers, a recommendation on each request is made on whether regulation is needed and at what level. At least six states are currently considering sunrise legislation (See Chapter XIII for more information on Sunrise).

Fraudulent Degrees In 1984, investigative reporting series in leading national newspapers drew attention to state licensing responsibilities. The New York Times, for instance, gave extensive coverage to the cases involving individuals who purchased phony medical degrees from Caribbean medical schools. It is estimated that there may be as many as 10,000 persons practicing medicine as hospital residents or licensed physicians with these fraudulently obtained medical degrees.

Examinations State regulators are aware that there are well-documented professional and legal standards which a licensing exam must meet. For example, one set of legal standards is contained in the equal employment opportunity guidelines. The licensing exam must be job-related and to meet a legal challenge, the exam should preferably be based on an empirically conducted job analysis. The exam must be reliable, according to statistical procedures, and the exam's cut-off scores which determine whether a person passes or fails the exam, must be established using accepted criterion. Clearly, licensing board members cannot have the expertise to independently develop and administer licensing examinations. Thus, more and more states are establishing a central testing office staffed by exam specialists to assist board members, and are using nationally developed licensing exams to provide some assurance that the exam was properly developed.

One of the most recent U.S. Supreme court cases involved an examination issue. The case -- Hoover vs. Ronwin was decided in June, 1984. In Ronwin, an unsuccessful candidate for admission to the Arizona Bar sued members of the Committee on Examinations and Admissions charging that the bar examiners established a cutoff score at an artificially high level to exclude competitors of current Arizona lawyers rather than to protect the public against incompetent practitioners.

The court found on the facts of the case that the particular bar examiners were immune from suit under federal anti-trust law. But the court specifically said its finding was limited to the bar examiners and would not necessarily apply to health and other regulatory boards.

Composition of Licensing Boards States continue to add consumer members on licensing boards to articulate the general public's interest in regulatory decisionmaking.

States increased the size of boards in over a dozen states in 1984 by adding consumer members or by adding representatives of allied health occupations regulated by the board.

Mandated Benefits States are enacting laws that require insurance policies to cover specific types of services (such as alcoholism treatment or mental health services), or services of specific health practitioners.

State legislatures are facing increased numbers of proposed bills mandating coverage of health care practitioners. There are both positive and negative aspects to expanding mandated coverage. Encouraging improved access to the services may be beneficial to the public. However, there is concern that mandated benefits increase the cost of health insurance because of the expanded access to and increased demand for expensive health care services.

In 1984 Washington State passed a bill establishing guidelines which must be addressed for all mandated coverage proposals before the legislature considers the bill.

In reviewing the case Metropolitan Life Insurance Company versus Commonwealth of Massachusetts, the U.S. Supreme Court ruled in June 1985 that states can mandate benefits in state insurance law. Specifically, the court found that a 1976 Massachusetts law mandating mental health benefits did not violate the federal Employee Retirement Income Security Act of 1974. Thus the issue of when and whether to mandate coverage of services and health practitioners is back in the legislative arena for resolution. (See State Credentialing of the Behavioral Science Professions: Counselors, Psychologists, and Social Workers for further discussion of mandated benefits.)

Purpose and Methodology of Report

This report is intended for state and federal policymakers, college and university health educators, professional association staff, and health care practitioners. The purposes of the report are threefold:

(1) to provide an overview of health personnel credentialing laws, regulatory actions and court decisions during the year;

(2) to provede current 50-state comparative data summaries on the most frequently asked questions about how states regulate particular health professions; and

(3) to inform policymakers that the Council of State Governments has the 50-state statutes and regulations on over 35 health occupations and professions on file for ready research.

Project staff have compiled a comprehensive collection of state statutes and regulations for the following health occupations and professions: Dental assistant, dental hygienist, dentist, denturist, emergency medical technician, dietician, homeopath, medical technologist, naturopath, physician, osteopath, physician's assistant, respiratory therapist, veterinarian, speech pathologist and audiologist, radiologic technologist, pharmacist, optometrist, optician, nursing home administrator, hospital administrator, psychologist, counselor, social worker, acupuncturist, chiropractor, licensed practical nurse, registered nurse, nurse midwife, nurse practitioner, occupational therapist, podiatrist, physical therapist, and nuclear medicine technician.

In developing the tables for the nine health occupations and professions included in this report, project staff read the statutes and regulations, filled in the table from the state law, and included a single citation where possible. Thus this report reflects information contained in state laws, not garnered by a 50-state survey. The tables and narrative were reviewed by the Advisory Committee and selected experts in the particular health field.

Key Terms Defined

Each of the nine health occupations and professions reviewed in-depth in this report are covered by nine tables. The tables' names are: Table 1- Type of State Regulation; Table 2- Organizational Pattern of State Regulatory Boards; Table 3- Functions of Licensing Boards and Agencies; Table 4- Enforcement Functions of Licensing Boards and Agencies; Table 5- Examination of Applicants; Table 6- Initial Requirements for licensure; Table 7- Schedule of Fees; Table 8- Reciprocity and Endorsement; and Table 9- Continuing Education Requirements.

Citations are listed for each table (except Tables 3 and 7) indicating the statute or regulation section listing the appropriate data. Citations appear where there are single source sections to cite and are not included where more than one section was used to extract the data.

Each table has footnotes to explain particular cases. However, terminology common to each table for all professions is defined below.

Table 1 - Type of State Regulation

Licensure:	This is the most restrictive of the three methods of regulation. In this survey, "licensure" means that it is illegal for a person to practice the profession without first meeting the standards imposed on the profession by the state and its regulating agency.
Certification:	This is a form of regulation whereby the state agency grants title recognition to persons meeting predetermined standards. Those without the title may perform the services of the profession, but only those

certified may use the title.

Registration: This form of regulation is appropriate when the threat to public health, safety and welfare is small. This form of regulation requires that a person file his name and address with a designated government agency before practicing his occupation.

Table 3 - Functions of Licensing Boards and Agencies

In approving or accrediting educational programs, the board may have approved a national agency to accredit an educational program. Using the example of occupational therapists, the board has the power to approve educational programs, but has chosen to approve programs accredited by the AMA and/or the AOTA. The board still has the power to approve programs that are not recognized by the national accrediting agency.

Regional refers to accreditation by one of six regional accrediting agencies that compose the Association of Secondary Schools and Colleges. The six are the New England Association of Colleges and Schools, the Middle States Association of Colleges and Schools, the North Central Association of Colleges and Schools, the North Western Association of Colleges and Schools, the Southern Association of Colleges and Schools, and the Western Association of Colleges and Schools.

Table 4 - Enforcement Functions

Suspend: The professional is not permitted to practice for a period of time.

Revoke: Involves the involuntary termination of the professional's license.

Restrict License: A reduction in the scope of practice.

Censure:	Similar to a reprimand. The agency makes an official statement of displeasure concerning the individual.
Reprimand:	The administrative agency reproves the professional. There may be public or private reprimands.
Probation:	The professional is permitted to practice, but the agency has imposed conditions upon the practice. Once the time period has elapsed, the practitioner may resume unconditionally.
Fine:	A monetary penalty imposed by the administrative agency for a violation of an administrative rule or regulation.

Table 8 - Reciprocity and Endorsement

Endorsement:	As used in this survey, endorsement is a waiver of the license examination if certain conditions are met. Each state has different conditions which are delineated as footnotes on the tables dealing with reciprocity and endorsement.
Reciprocity:	The professional may practice in a state other than in the one originally licensed only if the state which issued the original license allows the professionals licensed in the entering state to practice their profession within the original state. There are conditions which accompany reciprocity in many of the states.

CHAPTER II

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS

TABLE II-1

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS	Acupuncturist	Audiologist/ Speech Pathologist	Chiropractors	Counselor '(Pastoral, Guidance) Family & Marriage	Dentist	Denturist	Dietician	EMT	Hearing Aid Dealer/Fitter	LPN	RN
ALABAMA		L	L	L	L		C	L	L	L	L
ALASKA	L		L		L			L		L	L
ARIZONA	C		L		L	R		L	L	L	L
ARKANSAS		L	L	L	L			L	L	L	L
CALIFORNIA	L	L	L	L	L		C	L	L	L	L
COLORADO			L		L	R		L	L	L	L
CONNECTICUT		L	L	C	L			L	L	L	L
DELAWARE		L	L		L			L	L	L	L
FLORIDA	L	L	L	L	L			L	L	L	L
GEORGIA		L	L	L	L		L	L	L	L	L
HAWAII	L	L	L		L			L	L	L	L
IDAHO			L	L	L	R		L	L	L	L
ILLINOIS			L		L			L	L	L	L
INDIANA		L	L		L			L	L	L	L
IOWA		L	L		L		L	L	L	L	L
KANSAS			L		L			L	L	L	L
KENTUCKY		L	L		L			L	L	L	L
LOUISIANA	C	L	L		L		C	L	L	L	L
MAINE		L	L	R	L	R		L	L	L	L
MARYLAND	R	L	L	C	L		L	L	L	L	L
MASSACHUSETTS		L	L		L			L		L	L
MICHIGAN			L	R	L			L	L	L	L
MINNESOTA			L		L			L	L	L	L
MISSISSIPPI		L	L		L			L	L	L	L
MISSOURI		L	L		L			L	L	L	L
MONTANA	L	L	L	L	L	R	C	L	L	L	L
NEBRASKA		L	L		L			L	L	L	L
NEVADA	L	L	L	C	L			L	L	L	L
NEW HAMPSHIRE			L	C	L			L	L	L	L
NEW JERSEY	L	L	L	L	L			L	L	L	L
NEW MEXICO	L	L	L		L			L	L	L	L
NEW YORK	L	L	L		L			L	R	L	L
NORTH CAROLINA		L	L	C	L			L	L	L	L
NORTH DAKOTA		L	L		L		L	L	L	L	L
OHIO		L	L	L	L			L	L	L	L
OKLAHOMA		L	L		L		L	L	L	L	L
OREGON	L	L	L		L	R		L	L	L	L
PENNSYLVANIA		L	L		L			L	L	L	L
RHODE ISLAND	L	L	L		L			L	L	L	L
SOUTH CAROLINA		L	L	L	L			L	L	L	L
SOUTH DAKOTA	R		L		L			L	L	L	L
TENNESSEE		L	L	C	L			L	L	L	L
TEXAS		L	L	L	L		L	L	L	L	L
UTAH	L	L	L	L	L			L	L	L	L
VERMONT			L		L			L		L	L
VIRGINIA	L	L	L	L/C	L			L	L	L	L
WASHINGTON	L		L		L			L	L	L	L
WEST VIRGINIA	R		L		L			L	L	L	L
WISCONSIN			L		L			L	L	L	L
WYOMING		L	L		L			L	L	L	L
~~AMERICAN SAMOA~~											
GUAM								L			
~~PACIFIC TRUST~~											
PUERTO RICO			L		L		L			L	L
VIRGIN ISLANDS					L			L			
DC			L		L			L		L	L

Source: Health Professions Licensure Information System, December 1984
Key: L = Licensure; C = Certification; R = Registration

	Nurse Midwife	Nurse Practitioner	Med. Lab Technologist/ Technician	Nuclear Medicine Technologist	Nursing Home Administrator	Occupational Therapy	Physical Therapy	Optician	Optometrist	Pharmacist	Physician (MD, DO)
ALABAMA	C	C			L		L		L	L	L
ALASKA		C			L		L	L	L	L	L
ARIZONA	C	C			L		L	L	L	L	L
ARKANSAS	C	C			L	L	L	L	L	L	L
CALIFORNIA	C	C	L		L	C	L	L	L	L	L
COLORADO	C	C			L		L		L	L	L
CONNECTICUT	C				L	L	L	L	L	L	L
DELAWARE	C	C			L		L		L	L	L
FLORIDA	C	C	L		L	L	L	L	L	L	L
GEORGIA	C	C	L		L	L	L	L	L	L	L
HAWAII	C				L	C	L	L	L	L	L
IDAHO	C	C			L		L		L	L	L
ILLINOIS					L	L	L		L	L	L
INDIANA	C				L		L		L	L	L
IOWA	C	C			L	L	L	C	L	L	L
KANSAS	C	C			L		R		L	L	L
KENTUCKY	C	C			L		L	L	L	L	L
LOUISIANA	C	C			L	L	L		L	L	L
MAINE	C	C		L	L	L	L		L	L	L
MARYLAND	C	C			L	L	L		L	L	L
MASSACHUSETTS	C	C			L	L	L	L	L	L	L
MICHIGAN	C	C			L		L		L	L	L
MINNESOTA					L		R		L	L	L
MISSISSIPPI	C	C			L		L		L	L	L
MISSOURI					L		L		L	L	L
MONTANA	C	C			L	L	L		L	L	L
NEBRASKA	C	C			L	L	L		L	L	L
NEVADA	C	C			L		L	L	L	L	L
NEW HAMPSHIRE	C	C			L	L	L		L	L	L
NEW JERSEY	C	C		L	L		L	L	L	L	L
NEW MEXICO	C	C			L	L	L		L	L	L
NEW YORK	C		N.Y.C.		L	L	L	L	L	L	L
NORTH CAROLINA	C	C			L	L	L	L	L	L	L
NORTH DAKOTA		C			L	L	L		L	L	L
OHIO	C				L	L	L	L	L	L	L
OKLAHOMA	C	C			L	L	L		L	L	L
OREGON	C	C			L	L	L		L	L	L
PENNSYLVANIA	C	C			L	L	L		L	L	L
RHODE ISLAND	C				L	L	L	L	L	L	L
SOUTH CAROLINA	C	C			L	L	L	L	L	L	L
SOUTH DAKOTA	C	C			L	L	L		L	L	L
TENNESSEE	C	C	L		L	L	L	L	L	L	L
TEXAS	C	C			L	L	L		L	L	L
UTAH	C	C			L	L	L		L	L	L
VERMONT	C	C			L		L	L	L	L	L
VIRGINIA	C	C			L		L	L	L	L	L
WASHINGTON	C	C			L	L	L	L	L	L	L
WEST VIRGINIA	C				L	L	L		L	L	L
WISCONSIN	C				L		L		L	L	L
WYOMING	C	C			L		L		L	L	L
DC					L	L	L		L	L	L
GUAM									L		L
PACIFIC TRUST											
PUERTO RICO						L	L	L	L	L	
VIRGIN ISLANDS									L		L

	Physician's Assistant	Podiatrist	Psychologist	Radiologic Technologist/ Technician	Respiratory Therapist	Sanitarian	Social Worker	Veterinarian			
ALABAMA	C	L	L				L	L			
ALASKA	C	L	L					L			
ARIZONA	C	L	C	L		R		L			
ARKANSAS	C	L	L		L	R	L	L			
CALIFORNIA	L	L	L	L	R/C	R	L	L			
COLORADO	C	L	L				L/L/R	L			
CONNECTICUT	C	L	L			R		L			
DELAWARE		L	L	*			L	L			
FLORIDA	C	L	L	L	L	R	L	L			
GEORGIA	C	L	L			R	L	L			
HAWAII	C	L	L	L		R		L			
IDAHO	C	L	L			R	L	L			
ILLINOIS	C	L	C	L			R	L			
INDIANA	C	L	C	L		R		L			
IOWA	C	L	L	*	C		L	L			
KANSAS	C	L	C			R	L	L			
KENTUCKY		L	L	L		R	L	L			
LOUISIANA	C	L	C		L	R	L	L			
MAINE	C	L	L	*	L		R	L			
MARYLAND	C	L	L			R	L	L			
MASSACHUSETTS	C	L	L	L		R	L	L			
MICHIGAN	L	L	L			R	R	L			
MINNESOTA		L	L	*		R		L			
MISSISSIPPI		L	L			R		L			
MISSOURI		L	L			R		L			
MONTANA		L	L	L		R	L	L			
NEBRASKA	C	L	L			R		L			
NEVADA	C	L	L			R		L			
NEW HAMPSHIRE	C	L	C				C	L			
NEW JERSEY		L	L	L				L			
NEW MEXICO	C	L	C	*	L			L			
NEW YORK	R	L	L	L		R	L	L			
NORTH CAROLINA	BA	L	L			R	C	L			
NORTH DAKOTA	C	L	L		L		L	L			
OHIO	C	L	L			R	L/R	L			
OKLAHOMA	C	L	L			R	L	L			
OREGON	C	L	L	L		R	R	L			
PENNSYLVANIA	C	L	L					L			
RHODE ISLAND	C	L	C			R	R	L			
SOUTH CAROLINA	C	L	L			R	R	L			
SOUTH DAKOTA	C	L	L				L	L			
TENNESSEE		L	L	*		R	L	L			
TEXAS		L	L		L	R	L/C	L			
UTAH	C	L	L			R	L	L			
VERMONT	C	L	L	L				L			
VIRGINIA	BA	L	L		V.C.		L	L			
WASHINGTON	C	L	L					L			
WEST VIRGINIA	C	L	L	L		R	L	L			
WISCONSIN	C	L	L			R		L			
WYOMING	BA	L	L	L				L			
DO [illegible]		L	L					L			
GUAM											
PACIFIC TRUST											
PUERTO RICO		L	L	L				L			
VIRGIN ISLANDS								L			

B.D. = Board Approval submitted by Physicians
* Enabling Legislation
VC = Voluntary Cert.

KEY TO TABLE II-1

L = Licensure is the most restrictive form of state credentialing. Licensure means it is illegal for a person to practice the profession without first meeting the standards imposed by the state to be credentialed.

C = Certification is a form of regulation whereby the state grants title recognition to persons meeting predetermined standards. Non-certified people may perform the occupation's services, but only certified persons may use the designated title.

R = Registration requires that a person file his name and address with a designated government agency before practicing the occupation. In some instances, states will establish minimum education and training standards which must be met before a person can register.

NUMBERS OF STATES REGULATING THE HEALTH OCCUPATIONS
AND PROFESSIONS BY TYPE OF REGULATION: TABLE II-1 SUMMARIZED

PROFESSION	LICENSE	CERTIFY	REGISTER
Acupuncturist	14	2	3
Audiologist/Speech Pathologist	36		
Chiropractors	52		
Counselor (Pastoral, Guidance, Family & Marriage)	13	7	2
Dentist	53		
Denturist			6
Dietician	7	4	
EMT	53		
Hearing Aid Dealer/Fitter	46		1
LPN	52		
RN	52		
Nurse Midwife		45	
Nurse Practitioner		39	
Medical Laboratory Technologist/Technician	4		
Nuclear Medicine Technologist	2		
Nursing Home Administrator	51		
Occupational Therapy	30	2	
Physical Therapy	50		2
Optician	22	1	
Optometrist	53		
Pharmacist	52		
Physician (MD, DO)	53		
Physicians Assistant	2	35	1
Podiatrist	52		
Radiologic Technologist/Technician*	16		
Respiratory Therapist	7	2	1
Sanitarian			33
Social Worker	25	3	8
Veterinarian	53		

CHAPTER III

STATE LAWS PERTAINING TO HEALTH PROFESSIONS CREDENTIALING ENACTED IN 1985

STATE LAWS PERTAINING TO HEALTH PROFESSIONS CREDENTIALING ENACTED IN 1985

STATE	LAW NUMBER	STATUS	SUMMARY
Alabama	House 148	Enacted	Continues the Board of Examiners for Speech Pathology and Audiology
	House 152	Enacted	Continues the Board of Nursing
	House 153	Enacted	Continues the Board of Optometry
	House 154	Enacted	Continues the Board of Physical Therapy, with modifications.
	House 157	Enacted	Continues the Board of Podiatry, with certain modifications.
	House 158	Enacted	Continues the Board of Vet. Med. Examiners, with modifications.
Arizona	Senate 1050	Enacted	Relates to another ten years of life and expansion of authority of the State Veterinary Medical Examining Board.
	Senate 1051	Enacted	Relates to the suspension of unrenewed physician's assistant certificate.
	Senate 1052	Enacted	Provides that the examination administered by the board of medical examiners be given in two parts with a passing grade of 70% in each part, & requiring one year of training to retake the exam if failed the third time. Expands licensure by endorsement.
	Senate 1057	Enacted	Establishes a committee on nursing manpower and education to spend 1985 studying nurse supply and demand, nurses education, etc. and make recommendations on future nursing needs.
	Senate 1058	Enacted	Pays members of the state nursing board $100 a day plus expenses. If the governor couldn't find a qualified appointee for the board in the required category, he could name someone from another category. Limited license could be issued to a person who could not function safely in a specified setting. Temporary permit could be issued to a person with an inactive license who takes the board approved refresher course.

Arkansas	Senate 96	Enacted	Increase compensation received by members of the State Board of Nursing; permits a licensed nurse of another state when engaged in transporting patients into, out of, or through the state, to engage in practice in the state for a period of time not to exceed forty-eight hours for each transport.
California	Senate 117	Enacted	Exempts from the written examination and demonstration requirement for a license to practice dentistry, an applicant who is a graduate of a foreign dental school accredited by a body which has a reciprocal accreditation agreement with any commission or accreditation agency whose findings are accepted by the Board of Dental Examiners.
	SCR 18	Enacted	Recognizes the devoted care which doctors of chiropractic have bestowed upon their patients in California, and proclaims the week of April 22-28, 1985, as "California Chiropractic Wellness Week".
Colorado	Senate 13	Enacted	Provides for the continuation of the state board of nursing and further defines its powers and duties.
Florida	Senate 11A	Enacted	Allows certain dentists to administer nondental anesthesia.
Georgia	House 250	Enacted	Relates to reports by physicians and others regarding nonaccidental injuries to patients, so as to require such reports by certain personnel in ambulatory surgical centers.
	Senate 25	Enacted	Changes provisions relating to reinstatement of an expired license to practice veterinary medicine.
Hawaii	Senate 193	Enacted	Concerns temporary licenses for dentists.
	Senate 421	Enacted	Adds to qualifications for medical examination.

Idaho	House 8	Enacted	Establishes procedures whereby a graduate of a foreign college of pharmacy may qualify to take the Board of Pharmacy licensing examination.
	House 136	Enacted	Includes violation of State Pharmacy Code and Board of Pharmacy Administrative Rules as causes for suspension or revocation of a pharmacy license, allows the Board of Pharmacy, as an alternative to revocation or suspension, to levy a fine not to exceed $2,000 for violation of the Pharmacy Act, Controlled Substance Act, or Administrative Rules.
	House 156	Enacted	Provides that veterinarians may dispense or deliver prescription drugs upon the prescription of another veterinarian.
	House 253	Enacted	Provides that contact lenses may be sold or dispensed in a retail or wholesale outlet, or other permanently established place of business with an optical department, only when the prescription specifically states on its face that it is intended for contact lenses, and includes the type and specifications of the contact lens being prescribed.
Indiana	House 1627	Enacted	Changes the name of the committee of podiatry examiners to the committee on podiatric medicine; makes many other changes in the law concerning the licensing of podiatrists.
	Senate 277	Enacted	Makes numerous changes in the law regulating the practice of medicine and osteopathic medicine; other provisions.
Kansas	House 2338	Enacted	Concerns the Kansas Healing Arts Act. Relates to the granting of temporary permits and to licensure by examination. Provides standards for the approval of schools of medicine; creates institutional permits and repeals the existing sections.

Mississippi	House 711	Enacted	Increases certain fees charged by the State Board of Dental Examiners.
	House 849	Enacted	Provides that the fee paid to the Board of Pharmacy for examination shall not exceed the Board's cost in administering the exam.
	Senate 2796	Enacted	Continues use by optometrists of diagnostic pharmaceuticals.
	Senate 2844	Enacted	Appoints chiropractic board from current congressional districts.
Montana	House 214	Enacted	Provides for the registration of speech pathology aides and audiology aides; also provides for annual registration fees; changes the license renewal dates.
	House 233	Enacted	Changes the name of the Board of Veterinarians to the Board of Veterinary Medicine. Includes Dentistry in and eliminates ova or embryo transplant from the definition of veterinary medicine. Eliminates the exemption for employment of students as veterinarians' assistants. Changes the deadline for payment of the fee for renewal of a veterinarian's license.
	House 571	Enacted	Provides for the mandatory licensing and regulation of professional counselors; creates a state board of professional counselors; creates a communications privilege; provides penalties for violations; and allows disability and health insurance coverage for work done by licensed professional counselors.
	House 595	Enacted	Includes licensed social workers as permissible providers of medical assistance under the Medicaid program administered by the Department of Rehabilitation Services.
	Senate 79	Enacted	Provides for the licensing and regulation of occupational therapists and occupational therapy assistants; creates a board of occupational therapy practice; provides for the authority of the board; provides for an immediate effective date.

Montana	Senate 214	Enacted	Permits certain dental hygienists to administer local anesthetic agents; removes the requirement that an applicant for a license to practice dental hygiene submit to an oral interview.
	Senate 226	Enacted	Revises the law relating to the Board of Hearing Aid Dispensers; provides a continuing education requirement; revises the trainee license law; and gives the board authority to fine licensees.
	Senate 296	Enacted	Revises the examination grade requirements and reexamination procedures for a license to practice medicine.
Nebraska	L 129	Enacted	Redefines terms relating to the public health and welfare; provides for the registration and supervision of communication aides; provides powers and duties; changes provisions relating to audiologists and speech-language pathologists; provides for continuing education; eliminates obsolete language and a termination date; provides an operative date and repeals the original sections.
	L 132	Enacted	Changes the membership of a board as prescribed; defines and redefines terms; changes provisions relating to physician assistants. Creates a committee; provides duties; harmonizes provisions and repeals the original sections.
	L 250	Enacted	Changes provisions regarding continuing education requirements; harmonizes provisions; changes requirements for professional and occupational licenses. Eliminates a waiver; defines a term; provides for rules and regulations to govern apprenticeships in massage; prohibits certain practices and repeals the original sections.
	L 407	Enacted	Adopts the Nebraska Regulation of Health Professions Act; and provides severability.

Nevada	A 100	Enacted	Removes temptation for Nevada state board of optometry to recover costs of disciplinary hearing.
	Senate 54	Enacted	Removes exemption from examination for certification of dispensing opticians to fit contact lenses.
	Senate 129	Enacted	Changes requirements for practice of dentistry.
New Jersey	Senate 1923	Enacted	Adds one additional registered pharmacist member to the Board of Pharmacy.
	A 2001	Enacted	Provides for the licensing of certain podiatric x-ray technologists.
New Mexico	House 599	Enacted	Changes board membership requirements of the Pharmacy Board.
	House 56	Enacted	Allows certified registered nurse anesthetist to administer anesthesis, requires certification for nurse practitioners.
	House 179	Enacted	Provides insurance coverage for services provided by certified nurse-midwives and registered lay midwives.
	House 290	Enacted	Requires internship as required education to practice as an osteopathic physician.
	Senate 81	Enacted	Expands the definition of dental hygienist and adds a definition for general supervision under the Dental Act.
	Senate 28	Enacted	Changes prescribing and dispensing of pharmaceutical agents under the Optometry Act.
New York	Senate 686	Enacted	Provides that any person who is licensed to practice as a physician, physician's assistant, masseur, physical therapist, chiropractor, dentist, dental hygienist, veterinarian, nurse, podiatrist or optometrist in another state or territory appointed by the U. S. Olympic Committee to provide professional services to athletes and team personnel registered to train at the Olympic center may provide such services without first being licensed pursuant to the

			provisions of Title VIII of the Education law.
North Dakota	House 1164	Enacted	Relates to continuing pharmaceutical education.
	House 1181	Enacted	Relates to the powers of the board of pharmacy.
	House 1313	Enacted	Provides for the licensure and regulation of respiratory care practitioners; establishes a North Dakota respiratory care examining board and provides a penalty.
	House 1346	Enacted	Relates to education and continuing education requirements for optometrists.
	House 1537	Enacted	Relates to the powers of the state board of dental examiners, and to applications, examinations, fees, admissions, disciplinary actions and costs.
	Senate 2185	Enacted	Relates to reinstatement of physicians delinquent in the payment of registration fees.
	Senate 2195	Enacted	Relates to penalties, prosecutions, and minor violations of the Food, Drug and Cosmetic Act; and providing a penalty.
	Senate 2369	Enacted	Relates to educational requirements for licensure as a social worker.
	Senate 2374	Enacted	Relates to exceptions to the social work practice licensing requirements and the waiver of licensing requirements for certain social workers. Relates to the definition of social work practice and licensing requirements for private practice.
Oklahoma	House 1071	Enacted	Recreates the State Board of Examiners of Psychologists until July 1, 1991.
Oregan	Senate 320	Enacted	Reestablishes Oregan State Board of Nursing subject to subsequent "sunset" review; increases maximum penalty for violation of Nurse Practice Act; authorizes imposition of penalties against unlicensed persons violating the Act or rules adopted thereunder; directs certain persons to report suspected violations of the Act or any rule adopted pursuant thereto to the board.

Oregan	Senate 5524	Enacted	Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, excluding federal funds, collected or received by the Physical Therapist Licensing Board.
South Carolina	House 2272	Enacted	Approves regulations of the Board of Examiners in Optometry relating to the revocation of certain regulations pertaining to the practice of optometry, designated as Regulation Document #429, pursuant to the provisions of Act 176 of 1977.
South Dakota	House 1339	Enacted	Amends certain provisions relating to the practice of optometry.
	Senate 30	Enacted	Defines physicians' assistants and nurse practitioners as qualified mental health professionals.
Tennessee	House 316	Enacted	Revises disciplinary, procedural and investigative provisions of certain healing arts occupations. Establishes certain activities permitted to nurse practitioners.
	House 663	Enacted	Includes dentists and oral surgeons in the regulation of certain health facilities.
	House 609	Enacted	Provides procedure for selecting hygienist as board member. Removes exemption of clinical instructors for licensing if applicant does not pass examination. Regulates dental assistants.
	Senate 117	Enacted	Revises certification of professional counselors and marital and family therapists.
	Senate 161	Enacted	Revises procedures and fees relative to licensing of nurses.
	Senate 434	Enacted	Increases medical professional licensing exam fees.
Utah	Senate 2	Enacted	Provides for the licensure of occupational therapists, specifies educational requirements and changes the board membership.
	Senate 3	Enacted	Restructures the licensure of dentists and dental hygienists.

Utah	Senate 4	Enacted	Restructures the licensure of physical therapists.
	Senate 6	Enacted	Provides for the reauthorization of the Nurse Practitioners Prescriptive Practice Act.
	Senate 7	Enacted	Provides for the licensure of recreational therapists and eliminates the specialty of therapeutic recreation worker.
	Senate 8	Enacted	Reauthorizes the Nurse Practice Act and revises the composition of the nursing board.
	Senate 9	Enacted	Restructures the licensure of veterinarians.
	Senate 11	Enacted	Provides changes in the regulation of podiatrists.
	Senate 93	Enacted	Provides for the registration of physician assistants by the division of registration. Gives the authority to division of registration to adopt rules and regulations relating to physician assistants and providing for registration fees.
	Senate 163	Enacted	Increases membership on Emergency Medical Services Committee from 11 to 13 members; increases notice of hearing for new licenses from five days to 40 days; amends definition of "Basic Life Support Personnel" to include Emergency Medical Dispatchers.
Washington	House 482	Enacted	Revises provisions relating to licensing of health care assistants; provides that persons applying for initial or continuing certification pay certain fees; appropriates monies from the general fund to the department of licensing.
Wyoming	House 10	Enacted	Increases the fees charged by the board of pharmacy for examination, license and registration to $200.00.
	House 268	Enacted	Authorizes emergency technicians who are not functioning as attendants to be certified. Allows that an attendant license may be granted for a period not to exceed three years.
	Senate 113	Enacted	Establishes the Board of Physical Therapy and provides for licensing, registration and fees. Appeal procedures would also be established.

Wyoming	Senate 144	Enacted	-	Clarifies and restricts the administration of general anesthetics to anesthesiologists or certified nurse anesthetists in relation to podiatry.
	House 294	Enacted		Establishes a Board of Radiologic Technologists Examiners and provides for licensure and regulation. Provides for administration, inspections, enforcement, fees and penalties.

CHAPTER IV

MAJOR COURT DECISIONS PERTAINING TO CREDENTIALING IN 1984

MAJOR COURT DECISIONS

STATE	CITATION	SUMMARY
Alabama	Rathle v Grote, 584 F. Supp 1128 (D.C. 1984)	Alabama statute which prohibited the practice of medicine "in such a manner as to endanger the health of the patients" withstood an attack on its constitutionality claiming it was vague and overbroad.
Arizona	Schmitz v Arizona St. Bd. of Dental Examiners, 684 P2d 918 (Ariz. App. 1984)	There is no requirement that all members, or any specific member of the investigative committee must be present at the proceedings of the committee.
Arkansas	Arkansas State Department of Health v Drs. Thibault and Council, 664 SW2d 445 (Ark. 1984)	Statute provided that an RN may give anesthesia in the presence of a licensed physician. Doctors and hospital could not allow registered nurses to administer epidural anesthesia to obstetrical patients without a physician present.
Colorado	People v Jeffers, 690 P2d 1194 (Colo. 1984)	Colorado statute withstood an attack on its constitutionality claiming it was vague. Court stated that the statute was "sufficiently detailed to allow individuals engaged in the 'healing arts' to conform their conduct to the law".
Florida	Gentile v Department of Professional Regulation, Board of Medical Examiners, 448 So2d 1087 (Fla. App. 1 Dist. 1984)	Making false and misleading statements on application for medical license by endorsement is relevant to applicants good moral character. Intentionally falsifying the application or untruthfully responding to inquiries is a valid ground for denying a license.
	Dept. of Professional Regulation, Board of Medical Examiners v Durrani, 455 So2d 515 (Fla. App. 1 Dist. 1984)	State Board of Medical Examiners' rule that required those applicants applying for licensure by endorsement meet the same examination requirements as those applicants applying for licensure through examination conforms with the legislative intent of the statute.

STATE	CITATION	SUMMARY
Florida	Alvarez v Dept. of Professional Regulation, Acupuncture, 458 So2d 808 (Fla. App. 1 Dist. 1984)	Department of Professional Regulations instructions as to the requirements on the practical portion of the acupuncture examination were substantially insufficient and misleading.
Georgia	Central Anesthesia Associates, P.C. v Worthy, 325 SE2d 819 (Ga. App. 1984)	Under Georgia law a physician's assistant cannot substitute himself for the "duly licensed physician with training or experience in anesthesia" required by law in the supervision of a student of anesthesia.
Louisiana	Wilcox v Louisiana State Board of Medical Examiners, 446 So2d 502 (La. App. 4 Cir. 1984)	Statute empowering the Board of Medical Examiners to suspend or revoke a doctor's license was not unconstitutionally vague since such provision incorporates federal and state law in the area and such laws define the language used in the statute.
Maryland	State v Good Samaritan Hospital, 473 A2d 892 (Md. 1984)	Means chosen in the podiatry statute to fulfill its purpose were not wholly irrelevant to achievement of State's police power objectives, and thus podiatry statute did not constitute denial of equal protection under Federal or State Constitutions. The same is true though the statute might benefit podiatrists while placing restrictions on hospitals.
Massachusetts	Massachusetts Nurses Association v Board of Registration in Nursing, 465 NE2d 1238 (Mass. App. 1984)	Statute providing that the Board of Registration in Nursing promulgate rules and regulations as to the procedure for approval of continuing education programs for nurses does not require that the Board adopt a procedure for conferring prior approval on all continuing education programs.

STATE	CITATION	SUMMARY
Minnesota	Draganosky v Minnesota Board of Psychology, 352 NW2d 432 (Minn. App. 1984)	Court held as arbitrary and capricious rules of the Board of Psychology where the practical results demand that graduates of domestic non-accredited schools meet more stringent standards than graduates of foreign institutions, even though the domestic programs might be as good or better than the foreign programs.
	Beaty v Minnesota Board of Teaching, 354 NW2d 466 (Minn. App. 1984)	Held a decision of the Board of Teaching denying an individual's application for licensure as arbitrary and capricious.
Mississippi	Hogan v Mississippi Board of Nursing, 457 SO2d 931 (Miss. 1984)	Held, because a statute permits revocation of a nursing license, it is penal in nature and must be strictly construed against the agency.
	Rayborn v Mississippi State Board of Dental Examiners, 601 F. Supp 537 (D.C. 1985)	The Mississippi's Dental Practice Act is not unconstitutional through its process of creating a Board of Dental Examiners composed of dentists who are publicly opposed to the practice of denturism so as to be unfair and impartial to denturists, as the Board's disciplinary powers are restricted to licensed dentists or licensed dental hygienists.
New Jersey	Matter of Cole, 476 A2d 836	Because statute authorizing revocation of license of physician was part of a uniform enforcement act and because opening sentence declared act to be remedial and called for literal construction, there was a strong implication of legislative intent toward validity of retroactive application.

STATE	CITATION	SUMMARY
New York	*Lock v New York State Education Department*, 477 NYS2d 783 (A.D. 3 Dept. 1984)	Upheld a decision by the Education Department denying the applicant a license to practice medicine.
North Carolina	*State v Nelson*, 317 SE2d 711 (N.C. App. 1984)	Statute prohibiting the practice of medicine without a license was not overbroad.
Puerto Rico	*Suarez v Junta Dental Examinadora*, 580 F.Supp. 334 (1984)	Puerto Rico statute precluding would-be dentists from taking licensing examination did not deprive them of equal protection when the applicants knew that they would be precluded before they enrolled in the foreign dental school.
South Carolina	*Gale V State Board of Medical Examiners of South Carolina*, 320 SE2d 35 (S.C. App 1984)	Statute permitting State Board of Medical Examiners to impose sanctions on physicians for designated acts of medical misconduct did not grant Board unbridled, uncontrolled or arbitrary power in violation of nondelegation doctrine.
Texas	*Madden v Texas Board of Chiropractic Examiners*, 663 SW2d 622 (Tex. App. 3 Dist. 1983)	Statute which entitles an applicant denied a license to a hearing, implies an adjudicatory hearing. An adjudicatory hearing invokes the Texas Administrative Procedure and Texas Register Act.
Wisconsin	*Gilbert v State Medical* Examining Board, 349 N.W.2nd (Wisconsin,1984).	Standard utilized by Legislature and further interpreted by Medical Examining Board provided a standard for revocation sufficiently definite so that physicians should have no difficulty providing a standard of care which meets the requirement of professional conduct; thus, delegation of legislative authority to Medical Examining Board to define and enforce unprofessional conduct was valid.

CHAPTER V

STATE REGULATION OF ACUPUNCTURE

ACUPUNCTURIST

Type of State Regulation Twenty two states regulate acupuncturists as independent practitioners: 12 states license, two states certify and three states register acupuncturists. One state, Georgia, approves the practice of acupuncture in an experimental mode only. See Table IV-1 for a breakdown of the type of state regulation among those states that regulate acupuncturists.

Scope of Practice States which do not regulate acupuncturists as independent practitioners allow physicians (M.D.) to practice acupuncture as part of the practice of medicine. States which regulate acupuncturists as independent practitioners have passed these laws to regulate non-physician acupuncturists. The states which license acupuncturists fall into two distinct categories. One category involves the use of needle insertion as a means of controlling and regulating the flow and balance of energy in the body. An example of this type of jurisdiction is evidenced by New Mexico's scope of practice:

> A. "acupuncture" means the insertion of needles into the human body by piercing the skin of the body for the purpose of controlling and regulating the flow and balance of energy in the body.

Eight states regulate acupuncture within the above scope of practice.

The Traditional Acupuncture Institute has adopted a Model Act which follows the New Mexico type of practice definition:

> "Acupuncture" is a health care system which uses the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including, but not limited to pain control, for the treatment of certain energetic dysfunctions of

> the body. Acupuncture is also the evaluation and treatment of energetic imbalances using traditional Asian methodologies such as pulse and tongue evaluation, the insertion and manipulation of acupuncture needles, the use of thermal or electrial stimulation of acupuncture points, and as further defined by the Board.

The second category of acupuncturists includes those who use methods which include needle insertion but also involve other forms of acupuncture. An example of this definition is California. California's scope of practice reads:

> "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion.

Four states use the above type scope of practice.

Organization of State Regulatory Bodies and Functions Less than half of the states regulate acupuncturists with a separate acupuncture board. Most states regulate the profession through the state's medical board, although some of the states utilize an acupuncture advisory committee. The states that use the medical board or chiropractic board without an advisory committee do not have any members on the board who are acupuncturists. See Table IV-2 for a detailed breakdown of boards and their members.

In nearly every state the boards issue the license and promulgate the rules and regulations. (See Table IV-3).

All of the states allow the acupuncturists' regulating body to revoke or suspend the practitioner's license. There are other methods of discipline which the various states allow the boards to impose, for example, four states can impose an administrative fine. For a detailed listing see Table IV-4.

All but four of the states require an examination be given. Most of the states require that the state board may administer or delegate administration of their examination while two states' laws specifically mention the use of a National Board Examination. Most of the states require a practical examination in conjunction with the written examination. (See Table IV-5).

Requirements for Licensure Table IV-6 reflects the initial requirements for licensure. These requirements are diverse and major trends are hard to establish.

Continuing Education Requirements Less than half of the states require the acupuncturist to participate in continuing education as a prerequisite to license renewal. (See Table IV-9).

Interstate Recognition of Credentials Table IV-8 contains information regarding the endorsement or reciprocal recognition of acupuncturists from other states and the conditions for the recognition. Most states do not provide for either endorsement or reciprocity. Of those that do, (seven states) the majority (six states) use endorsement.

Fee Schedule Table IV-7 contains the fee schedule for acupuncturists.

TABLE IV-1

ACUPUNCTURIST
TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Alaska	Licensure	AS 08.64.170
Arizona	Certification	ARS 32-924.21
California	Certification*	Bus. & Prof. Code 4935
Florida	Certification*	FS 457.105
Georgia	Approval a	R 360-6-.01
Hawaii	Licensure	S.B. No. 665 sec. 3
Louisiana	Certification	RS 37:1357
Maryland	Registration	ACM 14-605(c)
Montana	Licensure	MCA 37-13-301
Nevada	Licensure	NRS 634A.040
New Mexico	Licensure	NMSA 61-14A-3
New Jersey	Certification*	NJSA 45-2C-12
New York	Licensure	CLNYA 60.9-a1
	Certification	CLNYA 60.9-a2
	Registration	CLNYA 60.9-a3
Oregon	Registration*	ORS 677-760
Rhode Island	Licensure	GLRI 5-37.2-2(3)
South Carolina	b	CLSC 40-47-70
South Dakota	Registration	Bd of Chiro Policy on Acu.
Texas	c	R 183.1
Utah	Licensure	UCA 58-12-58(3)
Virginia	Registration*	Rule 1.1
West Virginia	Registration d	
Washington	Licensure e	RCW 18:71A.070

Source: HPLIS/CSG; December 31, 1984

KEY:

* Although this is designated in the state law as certification or registration, according to this study's definition of licensure, certification and registration, it is in effect licensure.

a Licensed physicians must get approval from the Board of Medical Examiners to investigate and experiment with the use of acupuncture. They must comply fully with the requirements of the Board and of the Federal Food and Drug Administration.

b Licensed medical doctors and dentists may practice acupuncture with the written approval of the State Board of Medical Examiners.

c A physician must apply to the Texas State Board of Medical Examiners for approval to supervise the services of a specific acupuncturist.

d A licensed medical doctor must register in writing with the Board of medicine to practice acupuncture. There are no other requirements.

e Licensed as an acupuncture physicians assistant who shall perform acupuncture only under the direct supervision of a licensed physician.

TABLE IV-2

ACUPUNCTURIST
ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARD

		NO. OF BOARD MEMBERS				
STATE	NAME OF BOARD & DEPARTMENT	PROF.	PUB.	OTH.	TOTAL	CITATION
Alaska	State Medical Board Dept. of Commerce & Econ. Dev.	0	2	5a	7	AS 08.64.010
Arizona	Bd. of Chiropractic Examiners	0	2	3	5b	ARS 32-901
California	Acupuncture Examining Committee Bd. of Medical Quality Assurance	5c	4	2d	11	CBPC 4928-4929
Florida	Board of Acupuncture Dept. of Professional Regulation	3	1	1e	5	FS 457.103
Georgia	Composite St. Bd. of Med. Examiners Examining Bd's Div of Office of Secretary of State	0	1	12a	13	R 360-1.01
Hawaii	Bd. of Acupuncture Dept. of Commerce and Consumer Affairs	3	2	0	5	H. B. 665f s 6
Louisiana	St. Bd. of Medical Examiners	0	0	7a	7	RS 37-1263
Maryland	Acupuncture Advisory Council Board of Medical Examiners	3f	0	2a	5	ACM 14-605(h)
Montana	St. Bd. of Medical Examiners Department of Commerce	0	2	7k	9	MCA 2-15-1841
Nevada	St. Bd. of Oriental Medicine	5	0	0	5	NRS 6344
New Jersey	Acupuncture Examining Board Dept. of Public law and Safety	4	2	3g	9	NJSA 45:2C-3
New Mexico	Acupuncture Board Health and Environment Dept.	4	1	2a	7	NMSA 61-14A-6
New York	State Board for Medicine State Education Department	0	0	20	20	CLNYA
Oregon	Board of Medical Examiners	0	1	7h	8	ORS 677.235
Rhode Island	State Board of Acupuncture Department of Health				5	GLRI 5-37.2-3
South Dakota	Bd. of Chiropractic Examiners Department of Commerce	0	1	3b	4	SDCL 36-5-3
Texas	St. Bd. of Medical Examiners	0	3	12a	15	TRCSA4495b-2.05

STATE	NAME OF BOARD & DEPARTMENT	PROF.	PUB.	OTH.	TOTAL	CITATION
Utah	Acupuncture Board Dept. of Business Regulation	2	1	2i	5	UCA 58-12-59
Virginia	Advisory Committee on Acupuncture Va. Board of Medicine	3	0	2j	5	Rule 2.3G
Washington	Bd. of Medical Examiners Dept. of Licensing	0	1	6j	7	RCW 18.71.015

Source: HPLIS/CSG; December 31, 1984

KEY:

a Licensed physicians
b Chiropractors
c Not licensed as physicians and surgeons and with ten years experience in acupuncture.
d Physicians and surgeons licensed in Cal. with two years experience in acupuncture.
e A licensed medical doctor who uses acupuncture in his/her practice.
f Who are not licensed physicians.
g Two physicians and surgeons with two years experience in acupuncture; one of whom shall be from a department in the Executive Branch of the State Government.
h Six of whom have the degree of Doctor of Medicine and one Doctor of Osteopathy.
i One medical doctor and one licensed health care practitioner, both with knowledge and experience in acupuncture.
j Two members of the Board of Medicine
k Five doctors of medicine; one doctor of osteopathy; one licensed podiatrist
l All members shall be graduate physicians or surgeons and practitioners.

TABLE IV-3

ACUPUNCTURIST
FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAM	PROMULGATE REGULATIONS
Alaska	Board	a	Board
Arizona	Board	Board	Board
California	Committee	Committee	Committee
Florida	Board	Board	Board
Georgia	Board	Board	Board
Hawaii	Board	Board	Board
Louisiana	Board	Board	Board
Maryland	Board	Board	Board/Council
Montana	Board	Board/AMA	Board
Nevada	Board	Board	Board
New Jersey	Board	Board	Board
New Mexico	Board	Board	Board
New York	Department	Department	Board
Oregon	Board	Board	Board
Rhode Island	Board	Board	Board
South Dakota	Board	Board	Board
Texas	b	Board	Board
Utah	Board	Board	Board
Virginia	Committee/Board	Board	Committee/Board
Washington	Department	Board	Board

Source: HPLIS/CSG; December 31, 1984

KEY:

a Accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association.

b There is no licensure, registration or certification. The Board of Medical Examiners approves the application of a Doctor of Medicine or Doctor of Osteopathy to supervise the work of a specific acpuncturist. The Doctor assumes responsibility and legal liability for the services rendered by the acupuncturist.

TABLE IV-4

ACUPUNCTURIST
ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Alaska	AS 08.64.331	x	x	x	x		x	x	
Arizona	ARS 32-924	x	x		x	x		$500*	
California	CBPC 1399.430	x	x	x			x		
Florida	FS 457.109(2)	x	x	x		x	$1000*		
Georgia	R 360-2-08		x						
Hawaii	H.B. 665 sec 10	x	x						
Louisiana	RS 37:3011	x	x				x		
Maryland	ACM 14-504	x	x			x	x		
Montana	MCA 37-13-312	x	x				x		a
Nevada	NRS 634A.160	x	x						
New Jersey	NJSA 45:2c-17	x	x						
New Mexico	NMSA 61-14A-14	x	x						
New York	CLNYA 6511	x	x	x	x	x		$1000*	c,d
Oregon	ORS 677.860	x	x						
Rhode Island	GLRI 5-37.2-15	x	x						
South Dakota	SDCL 36-5-16	x	x			x	x		
Texas	Med. Act 4.01	x	x						b
Utah	UCA 58-12-63	x	x						
Virginia	CV 54-316	x	x		x	x	x		
Washington	RCW 18.72.150	x		x					

Source: HPLIS/CSG; December 31, 1984

KEY:

*	Not to exceed
a	May take other disciplinary action
b	May deny an application or withdraw its approval
c	Licensee may be required to perform up to 100 hours of public service
d	Licensee may be required to pursue a course of education or training.

TABLE IV-5

ACUPUNCTURIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alaska	x	yes		AS 08.64.220
Arizona	x	yes	yes	R 4-7-41
California	x	yes	yes	CB&PC 1399.443
Florida	x		yes	R 21AA-3.04
Georgia	no			
Hawaii	x			H.B. 665 sec 5
Louisiana	no			
Maryland	x			
Montana	x		may	MCA 37-13-303
Nevada	x	yes	yes	NRS 634A.100
New Jersey	z	yes	yes	NJSA 45:2c-10
New Mexico	x		yes	NMSA 61-14A-11
New York	Exam may be required as an additional requirement.			
Oregon	x	yes	yes	R 847-70-015(2)
Rhode Island	x		yes	GLRI 5-37.2-11
South Dakota	x		yes	Chiro Policy
Texas	no			
Utah	z		yes	R not yet adopted
Virginia	no			
Washington	x		x	WAC 308-52-510

Source: HPLIS/CSG; December 31, 1984

KEY:

x An examination shall be administered by the Board.
z National Board Certification Examination administered by the National Commission for Certification of Acupunturists.

TABLE IV-6

ACUPUNCTURIST
INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	ED.	INTERN.[1]	MORALS	AGE	CIT.	RES.	WORK EXP.
Alaska	AS 08.64.207	a+b	1 yr.			yes		
Arizona	R 4-7-41	s						
California	CBPC 4938	c			18			yes
Florida	FSA 457.105	d			18	yes*		yes
Georgia	R 360-6.01	e						
Hawaii	H.B. 665 s.5	d+v	1 yr.					
Louisiana	RS 37:1357	t						
Acupuncturists' Assistant		u						
Maryland	ACM 14-605	b		r	21			
Montana	MCA37-13-301.2	f or g		q	18			
Nevada	NRS 634A.040	c+h		r				yes
New Jersey	Bill 762	(Bach+d) or g or i		q	21			yes
New Mexico	NMSA 61-14A-9	g	500 hrs.	q			yes	
New York	CLNYA 60.9B							
Licensure		j		q,r				
Certification		k	100 hrs	q,r				
Registration		l	100 hrs	q,r				
Oregon	R 847-70-015	f	1 yr.	q,r				
Rhode Island	15-37.2-12	m			21			
Acupuncture Assistant		n			21			
South Dakota	Chiro Policy	o						
Texas	R 183.2	d	2 yrs.	q,r	18		yes	
Utah	58-12-60	d	500 hrs		21		yes	
Virginia	R 1.1	p						
Washington	WAC 308-52-500	w+d	350 hrs.	r				

Source: HPLIS/CSG; December 31, 1984

KEY:

1 An internship is defined as supervised work experience.
* Or a permanent resident of the U.S., or a legal alien who has resided in the U.S. for 6 months immediately prior to qualifying for the exam.
a Graduate of an accredited medical school.
b Meet educational and/or experiential requirements of the Board.
c Completion of an approved education and training program or tutorial program
d Completion of a Board approved two year program.
e Board approval of 100 hours of training.
f Graduate of an approved school of acupuncture.
g Completion of a course approved by the Board.

h Six years of training

i At least three years experience practicing acupuncture which is board recognized; or is licensed to practice medicine and surgery; or registered to practice physical therapy in this state.

j Licensed as a Doctor of Acupuncture, herb physician, or Doctor of traditional Chinese medicine; with ten years experience.

k Licensed to practice medicine or dentistry; 300 hours of instruction.

l Graduate of school of medicine, acupuncture, herb medicine or traditional Chinese medicine; 200 hours of instruction and five years experience.

m Certificate from an accredited program and ten years experience.

n Completion of a 36 month course with three years experience.

o Chiropractor and 200 hours of study recognized by the Council on Chiropractic Education.

p M.D., D.O., or D.P.M.; 100 hours post graduate training in a school of acupuncture.

q Good moral character

r Must be proficient in the English language.

s Licensed Chiropractor

t Physician licensed to practice in Louisiana; and completion of six months training in Traditional Chinese Acupuncture in a school or clinic approved by the board.

u Completion of 36 months training in a school or clinic of Traditional Chinese Acupuncture approved by the board; or, an individual who has been appointed or employed at a licensed or accredited Louisiana hospital, medical school or clinic to perform acupuncture for research purposes. The acupuncturists' assistant must be employed by and work under the physical direction, control and supervision of a physician or an acupuncturist certified by the board to practice acupuncture; and must perform such duties at the place of employer's practice or in the physical presence of the employer.

v Diploma from an approved qualified tutor. Tutorships approved by the board prior to December 31, 1984 shall be acceptable for examination upon their completion. Tutorships shall no longer be accepted for qualification for examination after June 30. 1987.

w Completion of two years of college in the general sciences and the humanities.

TABLE IV-7

ACUPUNCTURIST
SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
Alaska	$50	$200	$600/4 yrs	$50		$200
Arizona	$50					
California	$150*		$150*/Bi			
Florida	$150	$300	$200/Bi			
Georgia	no additional fees required for approval to practice acupuncture					
Hawaii**		$60	$20/Bi			
Louisiana	$100		$25/An			
Maryland	$150		$50/Bi			
Montana	a	$50	$20/An			$20
Nevada	$300b		$100/An			
New Jersey	$200e					
New Mexico	$150		$25/An			
New York	$125c		/Bi			
Oregon	$125	$50d	/An			
Rhode Island	$100d		$500*/An			
South Dakota	no additional fees required for acupuncture registration					
Texas	none required					
Utah	$100	$150	$50/Bi		$5	
Virginia	$100c		$50/Bi		$2	
Washington	$25					$25

Source: HPLIS/CSG; December 31, 1984

KEY:

* Shall not exceed

** Information taken from Health Licensure Fees, a document compiled by C.L.E.A.R. in December 1982. Due to the age of the document the fees may not be accurate.

a A $20 licensure fee is required after passing exam and before license is issued. Each applicant shall also submit a $350 deposit to defray expenses of investigations into applicant's training and background. The balance will be refunded. If the cost of the investigation exceeds the deposit, no further consideration will be given to the applicant until additional fees are tendered as the Board deems necessary to complete the investigation.

b A nonrefundable fee to be used to defray the cost of the investigation of applicant's background and training. If the cost of the investigation exceeds the $300, no further consideration will be given until further fees are tendered by the applicant.

c Initial registration or licensure fee.

d And any other fees required by the Board for an investigation of the applicant, or for services of a translator if required.

e Includes examination fee.

TABLE IV-8

ACUPUNCTURIST
RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Alaska	Endorsement	(c+a)or b	AS 08.64.250
Arizona	None		
California	None		
Florida	None		
Georgia	None		
Hawaii	None		
Louisiana	None		
Maryland	Endorsement	c	
Montana	Endorsement	c	MCA 8.28.506
Nevada	Endorsement	h	
New Jersey	None		
New Mexico	Reciprocity	a+d	NMSA 61-14A-12
New York	e		
Oregon	None		
Rhode Island	None		
South Dakota	Endorsement	c	
Texas	None		
Utah	Being promulgated		
Virginia	f		
Washington	Endorsement	g	WAC 308-52-500

Source: HPLIS/CSG; December 31, 1984

KEY:

a Applicant must have an active license from a board of medical examiners from a state or territory of the U.S. or a province of Canada.

b Applicant must have passed an exam given by the National Board of Medical Examiners or the Federation of State Medical Boards of the U.S.

c Applicant must meet the requirements of this state or similar requirements.

d The state will examine each applicant's practical application of acupuncture techniques.

e The Department shall evaluate the acceptability of licenses issued by any state or foreign country.

f The Virginia Board of Medicine approves the 100 hours of post graduate training required.

g Must have passed an examination and be licensed in another state or country and meet the requirements of the board.

h Has practiced Oriental medicine for at least 20 years immediately preceding April 19,1973; or if the applicant has obtained a certificate from the Republic of China, the Peoples Republic of China, Korea or Japan acknowledging that the applicant is qualified to practice Oriental medicine, then the applicant will be granted endorsement.

TABLE IV-9

ACUPUNCTURIST
CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Alaska	Yes	AS 08.64.312	Prescribed by reg's
Arizona	No		
California	Yes [a]	CBPC 4945	30 hrs. biennially
Florida	May	FS 457.107	Not to exceed 20 hrs/Bi
Georgia	No		
Hawaii	No		
Louisiana	Yes		Board may vary the amount.
Maryland	Yes		40 credits biennially
Montana	No		
Nevada	No		
New Jersey	No	NJSA 45:2c-15	Board shall establish
New Mexico	May	NMSA 61-14A-13	
New York	No		
Oregon	No		
Rhode Island	NO		
South Dakota	No		
Texas	No		
Utah	Being promulgated		
Virginia	No		
Washington	Yes	WAC 308-52-201	50 hours annually

Source: HPLIS/CSG; December 31, 1984

KEY:

[a] The Committee may establish standards prior to January 1, 1986. After that date the Committee shall establish.

CHAPTER VI

STATE REGULATION OF CHIROPRACTIC MEDICINE

CHIROPRACTOR

Type of State Regulation All fifty states, the District of Columbia and Puerto Rico regulate chiropractors through licensure. (See Table V-1).

Scope of Practice There has been no Model Practice Act published by a professional chiropractic agency. This fact may in part explain the diversity in the states regarding the scope of practice for chiropractic medicine.

A comparison of scopes of practice will best illustrate this diversity. Nebraska has a scope of practice that is skeletal in nature:

> Chiropractic practice defined. For purposes of this act, the following classes of persons shall be deemed to be engaged in the practice of chiropractic: (1) Persons publicly professing to be chiropractors, or publicly professing to assume the duties incident to the practice of chiropractic; and (2) persons who treat human ailments by the adjustment by hand of any articulation of the spine.

In another section of Nebraska's law chiropractors are prohibited from administering drugs or practicing surgery.

Florida's statute offers a more detailed description of what constitutes the practice of chiropractic medicine:

> (3)(a) "Practice of chiropractic" means a noncombative principle and practice consisting of the science of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs and tissue cells of the

body, thereby causing disease, are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which produces normal function and consequent health.

(b) Any chiropractic physician who has complied with the provisions of this chapter may examine, analyze, and diagnose the human living body and its diseases by the use of any physical, chemical, electrical, or thermal method; use the X ray for diagnosing; and use any other general method of examination for diagnosis and analysis taught in any school of chiropractic recognized and approved by the Board of Chiropractic.

(c) Chiropractic physicians may adjust, manipulate, or treat the human body by manual, mechanical, electrical, or natural methods or by the use of physical means or physiotherapy, including light, heat, water, or exercise, or by the oral administration of foods, food concentrates, and food extracts and may apply first aid and hygiene, but chiropractic physicians are expressly prohibited from prescribing or administering to any person any medicine or drug, from performing any surgery except as stated herein, or from practicing obstetrics.

(d) Chiropractic physicians shall have the privileges of services from the Department of Health and Rehabilitative Services laboratories.

(e) The term "chiropractic" or "doctor of chiropractic" or "chiropractor" shall be synonymous with "chiropractic physician", and each term shall be construed to mean a practitioner of chiropractic as the same has been defined herein. Chiropractic physicians may analyze and diagnose the physical conditions of the

> human body to determine the abnormal functions of the human organism and to determine such functions as are abnormally expressed and the cause of such abnormal expression.
>
> (f) Any chiropractic physician who has complied with the provisions of this chapter is authorized to analyze and diagnose abnormal bodily functions and to adjust the physical representative of the primary cause of disease as is herein defined and provided. As an incident to the care of the sick, chiropractic physicians may advise and instruct patients in all matters pertaining to hygiene and sanitary measures as taught and approved by recognized chiropractic schools and colleges.

As is readily discernible the Florida statute is much more detailed than Nebraska's. This does not mean that chiropractors in Florida have a wider range of practice. In fact, the opposite may be true. Florida's statute may be so detailed that any matter not discussed within the scope of practice section is not within the realm of chiropractic medicine, while the Nebraska statute may be interpreted broadly and may include any form of practice not specifically excluded.

Most scopes of practice fall somewhere between these two extremes. Most of the statutes expressly prohibit chiropractors from administering drugs (48 jurisdictions) and surgery (49 jurisdictions). Two states make no mention of administering drugs or performing surgery. Twenty six states expressly prohibit chiropractors from practicing obstetrics.

A new area of concern within the chiropractic field is the use of acupuncture. Twelve states expressly prohibit chiropractors from using acupuncture within their scope of practice. Three states allow acupuncture, but as a specialty area.

Seven states allow venipuncture for the purpose of taking blood for analysis.

Two states expressly give chiropractors hospital privileges.

Organization of State Regulatory Bodies and Functions The vast majority of the states use a board of chiropractic examiners to regulate the profession. Four states regulate chiropractors under Medical Boards or Healing Arts boards. For detailed information see Table V-2. All of the states have chiropractors sitting on the large boards, and in all but four cases, the chiropractors comprise a majority of board members. A slim majority of the states (i.e. 35 of 52) also include public members on boards. See Table V-2.

An overwhelming majority of the states utilize the board as the body which issues the license and promulgates the rules and regulations for the profession. In most cases the board will also either approve or accredit the educational programs. Other agencies which are recognized as accrediting agencies include the Council on Chiropractic Education, the Council on Post-Secondary Education, the State Licensing Department, and sometimes a separate college or university. (See Table V-3 for more information).

All states give the regulating body the power to suspend and/or revoke a chiropractor's license. Nineteen states have the power to put a practitioner on probation. The various disciplinary sanctions are listed in Table V-4.

Most of the states examine their applicants through a board administered examination. Most states use a practical examination as well as a written exam, and many also administer an oral examination.

See Table V-5 for a specific breakdown.

Requirements for Licensure All states require that the practitioner complete a course of study in chiropractic medicine. Many states require varying levels of pre-chiropractic collegiate study. (See Table V-6). Most states require the practitioner be of good moral character.

Continuing Education Requirements Forty-one states require that the practitioner meet continuing education requirements for license renewal. Table V-9 sets out which states require continuing education and the extent of that education.

Interstate Recognition of Credentials The majority of states endorse the license of chiropractors from other states, while a substantial minority of states (twelve) require reciprocal arrangements with other states before license recognition. See Table V-8 for the requirements regarding endorsement and reciprocity.

Fee Schedule Table V-7 sets out the fees for licensure application, renewal and other categories regarding chiropractors.

TABLE V-1

CHIROPRACTOR
TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Alabama	Licensure	CA Rule 190-X-2
Alaska	Licensure	AS 08.20.110
Arizona	Licensure	ARSA 32-926
Arkansas	Licensure	AS 72-416
California	Licensure	CBPC 1000-5
Colorado	Licensure	CRS 12-33-101
Connecticut	Licensure	CGS sections 20-27
Delaware	Licensure	DCA Rules 706
Florida	Licensure	FS 460-411
Georgia	Licensure	OCG 43-9-19
Hawaii	Licensure	HRS 442-7
Idaho	Licensure	IC 54-702
Illinois	Licensure	111 IRS 4403
Indiana	Licensure	IC
Iowa	Licensure	IC 470-141.12(151)
Kansas	Licensure	KSA 65-2803
Kentucky	Licensure	KRS 312.018
Louisiana	Licensure	LRS 2805
Maine	Licensure	32 MRSA 552 32
Maryland	Licensure	MCA 3-301
Massachusetts	Licensure	ALM Rule 91
Michigan	Licensure	amendment to the rules
Minnesota	Licensure	148.06
Mississippi	Licensure	MS 73-6-13
Missouri	Licensure	MO 331.030
Montana	Licensure	MCA 37-12-301
Nebraska	Licensure	RSN 71-179
Nevada	Licensure	NRS 634.208
New Hampshire	Licensure	NHRSA 316:9
New Jersey	Licensure	NJSA 45:9-14.5
New Mexico	Licensure	NMSA 61-4-4
New York	Licensure	CLNYA 6501
North Carolina	Licensure	NCGS 90-147
North Dakota	Licensure	NDCC 17-02-01-01
Ohio	Licensure	ORCA 4734.08
Oklahoma	Licensure	OS 725.2
Oregon	Licensure	ORS 684.020
Pennsylvania	Licensure	PL Rules Sec. 12
Rhode Island	Licensure	GLRI 5-30-2
South Carolina	Licensure	SCCL 40-9-20

STATE	TYPE	CITATION
South Dakota	Licensure	SDCLA 36-5-2
Tennessee	Licensure	TCA 63-4-107
Texas	Licensure	TCSA Sec. 5a
Utah	Licensure	UCA 58-12-51
Vermont	Licensure	VSA Part 3.1
Virginia	Licensure	VC 54-274
Washington	Licensure	RCW 18.25.010
West Virginia	Licensure	WVC 30-16-1
Wisconsin	Licensure	WSA 446.02
Wyoming	Licensure	WS 33-10-105
D.C.	Licensure	DCCA 2-1302
Puerto Rico	Licensure	

Source: HPLIS/CSG; December 31, 1984

TABLE V-2

CHIROPRACTOR
ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS				CITATION
		PROF.	PUB.	OTHER	TOTAL	
Alabama	St. Bd. of Chiropractic Examiners	5	0	0	5	Rule 190-x-1-.02
Alaska	Bd. of Chiropractic Examiners Dept. of Commerce & Econ. Devel.	4	1	0	5	AS 08.20.020
Arizona	Board of Chiropractic Examiners	3	2	0	5	ARS 32.901
Arkansas	St. Bd. of Chiropractic Examiners	5	0	0	5	ARS 72-418
California	St. Bd. of Chiropractic Examiners	5	2	0	7	Bus & Prof. Code 1000-1
Colorado	St. Bd. of Chiropractic Examiners Dept. of Regulatory Agencies	4	1	0	5	CRS 12-33-103
Connecticut	St. Bd. of Chiropractic Examiners Dept. of Health Services	2	1	0	3	CGS 20-25
Delaware	Bd. of Chiropractic Examiners Div. of Business & Occ. Regulation	5	2	0	7	D.C.702
Florida	Bd. of Chiropractic Examiners Dept. of Professional Regulation	5	2	0	7	FS 460.404
Georgia	Board of Chiropractic Examiners	5	1	0	6	OCGA 43-9-2
Hawaii	St. Bd. of Chiropractic Examiners Dept. of Commerce & Consumer Affairs	3	2	0	5	HRS 442-3
Idaho	St. Bd. of Chiropractic Physicians	4	1	0	5	IC 54-706

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS				CITATION
		PROF.	PUB.	OTHER	TOTAL	
Illinois	Dept. of Registration & Education Medical Practice Exam. Committee	1	0	6a	7	111 IRS 4436
Indiana	Bd. of Chiropractic Examiners	4	1	0	5	IC 25-10-1-1.5
Iowa	Bd. of Chiropractic Examiners/ Dept. of Health	5	2	0	7	IAC 470-141.2(151)
Kansas	State Board of Healing Arts	3	1	9b	13	KS 65-2815
Kentucky	St. Bd. of Chiropractic Examiners	5	0	0	5	KRS 312.025
Louisiana	Bd. of Chiropractic Examiners	6	0	2c	8	LRS 2802
Maine	Bd. of Chiropractic Exam. & Regis.	5	1	0	6	32 MRSA 501
Maryland	St. Bd. of Chiropractic Examiners	3	1	0	4	MCA 3-202
Massachusetts	Bd. of Registration of Chiropractors	6	1	0	7	Chiropractic Official Directory
Michigan	Bd. of Chiropractic Examiners	5	2	0	7	MS 333.16421
Minnesota	St. Bd. of Chiropractic Examiners	5	2	0	7	MS 148.03
Mississippi	St. Bd. of Chiropractic Examiners	5	0	1d	6	MC 73-6-3
Missouri	St. Bd. of Chiropractic Examiners	5	1	0	6	RSMO 331.091
Montana	Board of Chiropractors Dept. of Commerce	3	1	0	4	MT Code 2-15-1847
Nebraska	Bd. of Examiners in Chiropractic	3	0	0	3	Chiropractic Official Directory
Nevada	St. Bd. of Chiropractic Examiners	5	1	0	6	NRS 634.020
New Hampshire	Bd. of Chiropractic Examiners	4	1	0	5	NHRSA 316:2

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL	CITATION
New Jersey	St. Bd. of Medical Examiners Dept. of Law & Public Safety	1	2	12	15c	NJS 45:9-41.13
New Mexico	Chiropractic Board	4	1	0	5	61-4-3 NMSA
New York	St. Bd. for Chiropractic/ Dept. of Education	4	1	3f	8	CLNYA 6553
North Carolina	St. Bd. of Chiropractic Examiners	6	1	0	7	NCGS 90-139
North Dakota	Bd. of Chiropractic Examiners	5	0	0	5	NDCC 43-06-03
Ohio	St. Bd. of Chiropractic Examiners	4	1	0	5	ORCA 4734.01
Oklahoma	Bd. of Chiropractic Examiners	3	1	0	4	OS 161
Oregon	St. Bd. of Chiropractic Examiners	4	1	0	5	ORS 684.130
Pennsylvania	St. Bd. of Chiropractic Examiners Dept. of Public Instruction	6	2	0	8	Chiropractic Official Directory
Rhode Island	St. Bd. of Examiners in Chiropractic St. Dept. of Health	2	0	1g	3	GLRI 5-30-2
South Carolina	Bd. of Chiropractic Examiners	7	1	0	8	SCCL 40-9-30
South Dakota	St. Bd. of Chiropractic Examiners	3	1	0	4	SOCL 36-5-3
Tennessee	St. Bd. of Chiropractic Exam.	5	0	0	5	TCA 63-4-102
Texas	Bd. of Chiropractic Examiners	6	3	0	9	TCSA 97-3(b)
Utah	Chiropractor Representative Cmte. Dept. of Business Regulation	3	0	0	3	UCA 58-12-51.5
Vermont	Bd. of Chiro. Examination & Regis.	3	0	0	3	R 1.3

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	 PUB.	 OTHER	 TOTAL	CITATION
Virginia	St. Bd. of Medicine Dept. of Health Regulatory Boards	1	0	h		VC 54-282
Washington	St. Bd. of Chiro. Examiners Dept. of Licensing	3	0	0	3	RCW 18.25.015
West Virginia	Bd. of Chiropractic Examiners	3	0	1i	4	WVC 30-16-3
Wisconsin	Chiropractic Examining Board Dept. of Regulation and Licensing	4	2	0	6	440.01
Wyoming	Bd. of Chiropractic Examiners	3	0	0	3	WS 33-10-103
D.C.	Bd. of Chiropractic Examiners	3	2	0	5	
Puerto Rico	Bd. of Chiropractic Exam. of PR	3	0	0	3	Act. #493

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Five shall be physicians licensed to practice medicine, surgery, the other shall possess the degree of doctor of osteopathy.
b. Five shall hold a degree of doctor of medicine; three shall hold a degree of doctor of osteopathy; one shall be a registered podiatrist.
c. Practicing physicians licensed by the LA St. Bd. of Medical Sciences.
d. The executive office, or his/her designee, of the State Board of Health.
e. One podiatrist, one doctor of osteopathy, one Ph.D. and nine M.D.'s.
f. One doctor of medicine, one doctor of osteopathy, one educator with a doctorate in anatomy, physiology, chemistry or microbiology.
g. One board member should be a medical doctor.
h. Board shall consist of one medical physician from each congressional district, 1 osteopath, 1 podiatrist and 1 clinical psychologist from the state at large.
i. Director of health _ex officio_.

TABLE V-3

CHIROPRACTOR
FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUES LICENSE	APPROVES/ACCREDITS EDUCATION	PROMULGATES REGULATIONS
Alabama	Board	Board	Board
Alaska	Board	Board	Board
Arizona	Board	Board or a	Board
Arkansas	Board	Board or a	Board
California	Board	a or d or e	Board
Colorado	Board	Board/a	Board
Connecticut	Department of Health Services	a or b	
Delaware	Board	b	Board
Florida	Department of Professional Reg.	f or c or g	Board
Georgia	Board	a or h	Board
Hawaii	Board	f or b	Board
Idaho	Board	Board/a	Board
Illinois			
Indiana	Department of Regis. & Educ.	Board/b	Board
Iowa	Board	Board/a or b	Board
Kansas	Board	Board	Board
Kentucky	Board	Board	Board
Louisiana	Board	a or i	Board
Maine	Board	Board or j	Board
Maryland	Board	Board & a	Board
Massachusetts	Board	Board	Board
Michigan	Board	Board	Board
Minnesota	Board	a or b	Board
Mississippi	Board	Board/a	Board
Missouri	Board	Board/a	Board
Montana	Department (k)	Board/a	Board
Nebraska	Dept. of Health	Dept. of Health	Board
Nevada	Board	a	Board
New Hampshire	Board	Board	Board
New Jersey	Board	Board	Board
New Mexico	Board	a	Board
New York	St. Ed. Dept.	a	Ed. Dept.
North Carolina	Board	Board/a	Board
North Dakota	Board	a	Board
Ohio	Board	Board/a	Board

STATE	ISSUES LICENSE	APPROVES/ACCREDITS EDUCATION	PROMULGATES REGULATIONS
Oklahoma	Board	Board/a	Board
Oregon	Board	Board/a	Board
Pennsylvania	Board	Board	Board
Rhode Island	Dept. of Health (k)	Dept. of Health	Board
South Carolina	Board	a	Board
South Dakota	Board	Board	Board
Tennessee	Board	a	Board
Texas	Board	Board	Board
Utah	Div. of Regis.	Div. of Regis./b	Board
Vermont	Board	f	Board
Virginia	Board	a	Board
Washington	Dir. of Lic.	Board	Board
West Virginia	Board	Board/j	Board
Wisconsin	Board	Board/a	Board
Wyoming	Board	Board	Board
D.C.	Board	a	Board

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Accrediting Commission of the Council on Chiropractic Education, or its successor.
b. Accrediting agency recognized by the US Dept. of Education.
c. Council on Post Secondary Accreditation.
d. A chiropractic school & college accrediting agency employing equivalent standards as determined by the Board.
e. Accrediting agency recognized by the US Commissioner of Education.
f. Accrediting agency approved by US Office of Education.
g. Department, provided the Department applies the same standards used by the Office of Education which are applicable to Florida when approving an agency.
h. Or a college which meets equivalent standards thereof.
i. The Association of Chiropractic Colleges.
j. An accrediting agency approved by the US Dept. of Health, Education and Welfare.
k. With recommendation of the Board.

TABLE V-4

CHIROPRACTOR
ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSP.	REVOKE	RESTR. LIC.	CENS.	REPR.	PROB.	FINES	OTHER
Alabama	34-24-169	x	x					b	c
Alaska	AS08-20.175	x	x	x	x	x	x		a,c
Arizona	ARSA 32.924	x	x		x		x	b	c
Arkansas	AS72-441	x	x						c
California	CBPC 1000-10	x	x			x	x		c
Colorado	CRS 12-33-117	x	x						c
Connecticut	CGS								g
Delaware	DCA 24-712	x	x		x	x	x		a,l
Florida	FS460.413	x	x			x	x		i,d,a
Georgia	OCG 43-9-12		x						c,g
Hawaii	HRS 442-9	x	x	x			x		c,a
Idaho	IC54-707	x	x						
Illinois	111 IRS-4433	x	x				x		
Indiana	IC 25-10-1-65	x	x	x	x	x	x		a
Iowa	IC470-141.22	x	x	x			x	h	e
Kansas	ICSA 100-16-1	x	x	x					
Kentucky	KRS 312-150	x	x						c
Louisiana	LRS 2804	x	x						c
Maine	32MRSA 503-A	x	x	x			x		k,j,c
Maryland	MCA	x	x			x			c
Massachusetts	ALM 96 & 93	x	x						c
Michigan	R33.16411	x	x						
Minnesota	MS 148.10	x	x	x					g,l
Mississippi	MCA	x	x						c
Missouri	RSMO 331-060	x	x						c
Montana	MCA37-12-323	x	x				x		
Nebraska									
Nevada	NRS634.190	x	x	x		x	x	m	
New Hampshire	NHRS 316:18	x	x	x		x			a
New Jersey		x	x	x			x		
New Mexico	NJSA 61-4-10	x	x						c
New York	CLNYA 6511	x	x	x	x	x	x	n	a,o,p
N. Carolina	NCGS90.154	x	x		x	x	x		c
North Dakota	NDCC 17-02-02		x						c
Ohio	ORCA 4734.10	x	x						c
Oklahoma	OS Sec. 50	x	x						c
Oregon	ORS684.100	x	x	x			x		c,e,q
Pennsylvania	PS Sec. 16	x	x						c
Rhode Island	GLR15-30-13	x	x						c
S. Carolina	SCCL 40-9-30	x	x	x					c

STATE	CITATION	SUSP.	REVOKE	RESTR. LIC.	CENS.	REPR.	PROB.	FINES	OTHER
South Dakota	SDCLA 36-5-16	x	x			x			c
Tennessee	TCA 63-4-115	x	x						c
Texas	TCSA Sec.14	x	x			x	x		
Utah	UCA 58-12-52								
Vermont	505	x	x						
Virginia	VC 54-316	x	x		x	x	x		c
Washington	RCW18.25.050		x						c
West Virginia	WVC30-16-8	x	x						c
Wisconsin	WSA 446.03	x	x	x		x			c
Wyoming	WS 33-10-110	x	x						c
D.C.		x	x	x		x	x	m	
Puerto Rico		x	x						

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Board may require member to participate in C.E.
b. Board may fine a licensee a sum of money not to exceed $500.00.
c. Board may refuse to issue a license to an applicant.
d. Refuse to certify to the department an applicant for licensure.
e. Require chiropractor to submit to re-examination.
f. Require chiropractor to work under the supervision of another chiropractor.
g. Board may cause a licensee's name to be removed from the records in the office of the clerk of the superior court in any county.
h. Impose a civil penalty not to exceed $1,000.
i. Issue citation and warning.
j. Board may rehabilitate the licensee.
k. Board may refuse to renew.
l. Board may condition or qualify a licensee to practice chiropractic.
m. Impose a fine of not more than $5,000.
n. Impose a fine not to exceed $10,000.
o. Annulment of license or registration.
p. Require licensee to perform 100 hours of public service in a manner and a time as directed by the board.
q. Require the disciplined professional to pay the cost of the disciplinary hearing.

TABLE V-5

CHIROPRACTOR
EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alabama	a,b			R.190-x-2-.05
Alaska	a	x	x	12-AAC-16.130
Arizona	a		x	ARSA 32-922
Arkansas	a		x	R2B
California	a	x	x	CBPC-1000-6
Colorado	a	x	x	CRS 12-33-112
Connecticut	b		x	CGS20-28
Delaware	c,d			24DCA 708
Florida	b		x	R 21D-11.03
Georgia	b or e		x	R100-3-06
Hawaii	a or b		x	HRS 442-6
Idaho	a			IC 54-709
Illinois	f			111 IRS 4414
Indiana	a	x	x	Official Directory
Iowa	a	x	x	IC470-141.13
Kansas	a			KSA 65-2829
Kentucky	a		x	KRS 312.115
Louisiana	a or b		x	LRS 36:2805
Maine	a			R5
Maryland	a			MCA 3-304
Massachusetts	a		x	112 ALM 94
Michigan	a			R338.12005
Minnesota	a		x	M.S. 148.06
Mississippi	a or b		x	MCA 73-6-13
Missouri	a		x	RSM.331.030
Montana	a			MCA 37-12.304
Nebraska	a			RSN 71-179
Nevada	a	x	x	NRS 634.070
New Hampshire	a			NHRSA 316.11
New Jersey	a			NJSA 45.9-41.2
New Mexico	a		x	61-4-6 NMSA
New York	b			R73.2b
North Carolina	a, b	x		R.0203g
North Dakota	a		x	R17-02-01-08
Ohio	a	x	x	R4734-1-09
Oklahoma	a		x	R303
Oregon	a			ORS684.050
Pennsylvania	a	x	x	PL.1182-10-1a
Rhode Island	g		x	GLRI 5-30-9
South Carolina	x			R 25-6

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
South Dakota	a			SDCLA 36-5-12
Tennessee	a & b			TCA 63-4-110
Texas	x,h	May	x	R71.7-71.8
Utah	i			UCA 58-12-51-8
Vermont	x,h		x	R 3.3
Virginia	a			VC 54-297
Washington	a			RCW 18.25.030
West Virginia	a	x		WVC 30-16-5
Wisconsin	a		x	R 1.03
Wyoming	a		x	W.S 33-10-107
D.C.	a			DCCA 43-06-10

Source: HPLIS/CSG; December 31, 1984

Key:

a. Examination administered by the state board.
b. Examination administered by the National Board of Chiropractic Examiners.
c. Examination administered on a national basis.
d. Board shall administer a clinical exam.
e. Georgia chiropractic examination.
f. Examination administered by the department.
g. The division of Professional Regulation shall utilize the exam of the Federation of State Medical Boards of the U.S., Inc. (FLEX) or any other exam in the basic sciences subjects.
h. Examinees may be examined on the laws and board rules and regulations governing chiropractic in this state.
i. Approved and given at the direction of the Division of Registration.

TABLE V-6

CHIROPRACTOR
INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	EDUCATION	INTERN.	MORALS	AGE	CIT.
Alabama	CA 34-24-160	a	b	c		
Alaska	AS 08.20.120	a.d				
Arizona	ARSA 32-921	a		c		
Arkansas	AS 72-423	a,e		f	21	
California	CBPC 1000-5	a,d				
Colorado	CRS 12-33-111	a		c	21	
Connecticut	CGS sect. 11	a				
Delaware	DCA 707(a)	a		f		
Florida	FS 460.406	a,d			18	
Georgia	OCG 43-9-7	a,g		c		
Hawaii	HRS 442-2	a,d				
Idaho	IC 54-703	a				
Illinois	111 IRS 4423	a,d	12 mos.	c		
Indiana	IC 25-10-1-2	a,d			18	
Iowa	IC 470.11	a		c		
Kansas	Rules 100-6-2	a,d		c	legal age	
Kentucky	KRS 312.085	a,d				
Louisiana	LRS 2805	a,d		c	21	yes
Maine	MRSA 551	a,d		c	18	
Maryland	MCA 3-302	a,d		c		
Massachusetts	Rules 91	a,d		c	18	
Michigan	Rules 338.12003	a				
Minnesota	MS 148.06	a,d				
Mississippi	ALM 73-6-13	a,d				
Missouri	RSMO 331.030	a,e		c	21	
Montana	MCA 37-12-302	a,d				
Nebraska	RSN 71-179	a				
Nevada	NRS 634.090	a		c	21	
New Hampshire	NHRSA 316-9,10	a			18	
New Jersey	NJSA 45:9	a,d				
New Mexico	NMSA 61-4-4	a,d		c	majority	
New York	CLNYA 6554	a,e		c	21	
North Carolina	NCGS 90-143	a,d		c		yes
North Dakota	NDCC 17-02-01-01	a		c		
Ohio	ORCA 4734.05	a		c	21	
Oklahoma	OC 1649	a,g				
Oregon	ORS 684.040	a,d		c		
Pennsylvania	Pub. Law sect 8	a,h		c	21	
Rhode Island	GLRI 5-30-6	a,d		c	23	
South Carolina	SCCL 40-9-40	a,d				

STATE	CITATION	EDUCATION	INTERN.	MORALS	AGE	CIT.
South Dakota	SDCLA 36-5-8	a,d				
Tennessee	TCA 63-4-108	a,d		c		yes
Texas	TCSA sect. 10	d,i		c	18	
Utah	UCA 58-12-51.8	a,e		c	21	yes
Vermont	VSA 501	d,i		c	majority	
Virginia	VC 54-305	a		c	18	
Washington	RCW 18.25.020	a,d		c		
West Virginia	WVC 30-16-4	a,d		c	18	
Wisconsin		a,d				
Wyoming	WS 33-10-106	a,d				
D.C.	DCA 2-1324	a,d		c	18	
Puerto Rico	Sect. 6	a,d		c	majority	yes

Source: HPLIS/CSG; December 31, 1984

KEY:

1 An internship is defined as supervised work experience.
a Graduate of an accredited chiropractic program.
b During the final year at chiropractic college a student may be issued a limited course to practice chiropractic under the direct, on premises supervision of a licensed sponser.
c Good moral character
d Has successfully completed two years of study in a college of liberal arts or sciences.
e Has completed two years of college study in the field of science.
f Good moral character, not convicted of a felony, not an habitual user of intoxicants, drugs or hallucinatory preparations.
g A graduate of a four year standard college.
h Has completed one year of college credits in physics, chemistry and biology.
i A graduate of a bona fide, reputable, chiropractic school.

TABLE V-7

CHIROPRACTOR
SCHEDULE OF FEES

STATE	APPLICATION	EXAM*	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
Alabama	<$150		<$100		$10	$ 50
Alaska	$200	$ 50	$200	$50	$ 2	$200
Arizona	$100	$ 50	$ 50		**	$100
Arkansas	$ 75		<$ 85		$ 2	$ 75
California	<$100		<$150		$25	
Colorado						
Connecticut	$150					$150
Delaware***		$50	$10/Ann			$50
Florida	$150		$70/Bi			
Georgia	$100		$40/Bi		$5	$100
Hawaii***		$50	$15/Bi			
Idaho	$ 50	$100	$ 75			
Illinois	$150	$ 10	$ 20	$50	$10	
Indiana	$100					
Iowa	$100		$100/Bi		$10	$100
Kansas	$130	$ 40	$ 50	$30	$15	$130
Kentucky	<$100		<$ 30			<$100
Louisiana***	$50	$50	$50/Ann			$150
Maine	$ 40		<$ 50			$ 40
Maryland	$ 25		$ 25			$ 25
Massachusetts	$ 25		Determined Annually			Determined Annually
Michigan	$100		$ 45	$25		$100
Minnesota			$ 50			
Mississippi	<$ 75	<$ 50	$ 75			<$ 75
Missouri***	$10	$15	$10/Ann			$100
Montana	$125	$125	$ 50	a		($125?)
Nebraska	<$300		<$100			
Nevada	$100		<$200			$100
New Hampshire***		$35	$20/Bi			$75
New Jersey	$150		$ 60			$100
New Mexico	$ 50	<$100	$ 25			$125
New York	$100		$60/Bi			$ 65
North Carolina	$100	$100	<$100			$100
North Dakota***		$50	$25/Ann			
Ohio	$100		$ 50			$100
Oklahoma	$150		$ 35			$150
Oregon	$ 15	<$ 80			$ 50	
Pennsylvania	$ 50	$ 25	$10/Bi			
Rhode Island		$ 50	$ 25			$ 50

STATE	APPLICATION	EXAM*	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
South Dakota	<$100		<$100			<$100
Tennessee	$ 25	$ 75	$ 25	$ 50		
Texas		<$120	<$120			<$120
Utah	$ 25					$ 10
Vermont	$ 50		$ 10			$ 75
Virginia***		$175	$10/Ann			$175
Washington	$250	$250	$125		$ 5	$200
West Virginia	$ 25		$ 25			$100
Wisconsin	$ 50		$35/Bi	$ 10	$ 5	$ 50
Wyoming	<$200					<$ 50
D.C.	<$200		<$200			
Puerto Rico***	$20	$15				$20

Source: HPLIS/CSG; December 31, 1984

KEY:

< Equal to or less than.

* When the "Exam" column is blank, the application fee covers the cost of the exam.

** Licensure fee. This fee is not specified in the statutes. Instead the law states that necessary fees not provided for in the statute should not exceed the costs of rendering such services.

*** Information taken from document prepared by C.L.E.A.R. in December 1982 and may not be the current fees.

a. No temporary licenses will be issued before the $125 application fee is paid. No additional fees are assessed for a temporary license.

TABLE V-8

CHIROPRACTOR
RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Alabama	Endorsement	t	Rule 190-x-2-08
Alaska	Endorsement	a	SEC AS 08.20.140
Arizona	Reciprocity	a	ARSA 32-922.01
Arkansas	Reciprocity	a	AS 72.427
California	Not Available		
Colorado	Endorsement	a,f,o,p	CRS 12-33-113 & Sec. 11c
Connecticut	Endorsement	a,m	CGS Sec. 20-27c
Delaware	Endorsement	a,h,k	DCA 711
Florida	None		
Georgia	Endorsement	a	OCG 43-9-9
Hawaii	Endorsement	u	HRS 442-6
Idaho	Endorsement	a,f,g	IC 54-710
Illinois	Endorsement	a	111 IRS 4426-13
Indiana	Endorsement	a	IC 25-10-1-5
Iowa	Reciprocity	a,b,c,d,e	IC 141.14(2)
Kansas	Endorsement	a	KSA 100-8-1
Kentucky	Reciprocity	a	KRS 312.105
Louisiana	Endorsement	a	LRS: 2806
Maine	Reciprocity	a	Rule 13
Maryland	Endorsement	a	MCA 3-305
Massachusetts	Reciprocity	a,g	ALM 92
Michigan	Endorsement	a,l,k,s,t	R-338.12004
Minnesota	Endorsement	a,m	MS 148.06
Mississippi	Reciprocity	a	MCA 30-16-6
Missouri	Endorsement	a,j	RSMo 331.030
Montana	Endorsement	a	MCA 37-12-305
Nebraska	Endorsement	a,f	RSN 71-181
Nevada	Reciprocity	a	NRS 634-110 #2
New Hampshire	Endorsement	a	NHRSA 316.15
New Jersey	Endorsement	a	NJSA 45.9-41.3
New Mexico	Endorsement	a	NMSA 61-4-8
New York	None		
North Carolina	Endorsement	i,j,f,a	NCGS 90-143.1
North Dakota	Not Available		
Ohio	Endorsement	c	ORCA 4734-1-08
Oklahoma	Endorsement	a,m,g	OS 164b
Oregon	Endorsement	a	ORS 684.060
Pennsylvania	Reciprocity	a,v	PL 5.1
Rhode Island	Reciprocity	c,a	GLRI 50-30-7
South Carolina	Reciprocity	a,n	SCCL 40-9-80

STATE	TYPE	CONDITIONS	CITATION
South Dakota	Endorsement	a	SDCLA 36-5-13
Tennessee	Endorsement	a,n	TCA 63-4-111
Texas	Endorsement	a,f,k,p	TCSA Sec.9
Utah	Endorsement	a,p	UCA 58-12-33
Vermont	Endorsement	h,f,a	Rule 504
Virginia	Endorsement	a,v	Rules 4.1
Washington	Endorsement	a,q	RCW 18-25-040
West Virginia	Reciprocity	a	WVC 30-16-6
Wisconsin	None		VSA Chir. 1.07
Wyoming	Endorsement	a	WS 33-10-115
D.C.	Endorsement	a,j	DCCA 2-1322

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Requirements for licensure at the date of the applicants license must be essentially equivalent to the state requirements in which the individual is applying.
b. If any state places limitations or restrictions upon licentiates of this state, the same limitations or restrictions may be imposed upon licentiates from such state applying for admission to practice in this state by reciprocity.
c. The statement made in the application must be reviewed and verified by the state examining board issuing the original license, certifying under seal as to the subjects in which the applicant was examined, the grade obtained in each subject and the general average attained in the entire examination.
d. The applicant must have had two years of full-time practice before applying for license by reciprocity.
e. No reciprocal license or license by endorsement shall be issued to an applicant who has failed the examination more than two times in another state.
f. Proof must be submitted that the applicant holds a valid, unrevoked unsuspended license to practiced chiropractic in a U.S. state, territory, or in Canada.
g. Each applicant shall be personally interviewed by the board or a designated committee of the board to specifically review the applicants qualifications and professional credentials and to demonstate to the board that the applicant possesses the arts and skills of chiropratic adjusting.
h. Must have been in active practice for five years.
i. The applicant is currently an active, competent practitioner and is in good standing.
j. Applicant has practiced at least one year of the last three.
k. No disciplinary proceedings or unsolved complaint is pending anywhere at the time a license is to be issued by this state.
l. Provide transcripts of grades from all colleges and chiropractic schools attended.
m. Must pass a practical exam.

n. Must have been in active practice for one year in the state of their license.

o. Applicant must have been in active practice at least three of the last five years in another U.S. state.
p. Applicant has not been convicted of a crime which would be grounds for the refusal, suspension, or revocation of a license, suspension, or revocation of a license to practice chiropractic in this state if committed in this state.
q. Persons applying for licensure by endorsement must undergo an examination by the board in principles of chiropractic, x-ray, and adjusting.
r. The board has no authority to establish reciprocal agreements with any other state board of chiropractic examiners.
s. Applicant must have passed both parts of the national exam.
t. The applicant must have previously passed an examination in another state that is essentially equivalent to this state's exam. It should include 7 parts. Any part(s) that were failed or never taken must be retaken and passed.
u. For each year of actual practice as a licensed chiropractic in another state the applicant shall be given a credit of 1/2 percent up to 20 years maximum to be added to each score for each subject area.
v. Must have been licensed in another state for ten years or more and application must be accompanied by two letters of recommendation.
w. The applicants must hold valid licenses.

TABLE V-9

CHIROPRACTOR
CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION	CITATION
Alabama	Yes	15 hrs.annually	Rule 190-x-2-11
Alaska	No		
Arizona	No		
Arkansas	Yes	24 hrs. annually	AS 72-425
California	Yes		Article 6, Sec. 355
Colorado	Yes	25 hrs. annually	CRS 12-34-114
Connecticut	No		
Delaware	Yes	24 hrs. biennually	
Florida	Yes	12 hrs. annually	R 210-13.01
Georgia	Yes	2-day education program	OCG 43-9-11
Hawaii	No		
Idaho	Yes	Not specified	Regs. Sec. F
Illinois	No		
Indiana	Yes	12-day seminar	IC 25-10-1-6
Iowa	Yes	20 hrs. annually	K 141.62(1)
Kansas	Yes	50 hrs. annually	KSA 100-15-2
Kentucky	Yes	Annually attend an ed. prog.	KRS 312.175
Louisiana	Yes	12-day seminar	LRS 2810
Maine	Yes	2 education programs	32 [illegible]ESA 553
Maryland	Yes	(in regs)	
Massachusetts	Yes	12 hrs. annually	ALM 96
Michigan	Yes	24 hr. biennually	R338.12008
Minnesota	No		
Mississippi	Yes	20 hrs. per year	ALM 2500.1200
Missouri	Yes	Not less than 12 hrs.	RSMo 331.050
Montana	Yes	1 post-grad. educ. program	MCA 37-12-307
Nebraska	Yes	15 hrs. annually	RSN 71-179.01
Nevada	Yes	1 2-day education seminar	NRS 634-140
New Hampshire	Yes	1 seminar[a]	
New Jersey	No		
New Mexico	Yes		
New York	No		
North Carolina	Yes	2 days of education session	NCGS 90-155
North Dakota	Yes		NDCC 43-06-[illegible]3
Ohio	Yes	1 2-day education seminar	[illegible]HCA 4734.07
Oklahoma	Yes	2 days education program	ORS 684.092
Oregon	Yes	An approved program	ORS 684.092
Pennsylvania	Yes	An education conference	PL Sec. 14
Rhode Island	Yes	12 hrs. annually	Regs. 2.0
South Carolina	Yes	12 hrs. annually	Reg. 25.9

STATE	REQUIRED	EXTENT OF EDUCATION	CITATION
South Dakota	Yes		
Tennessee	Yes	12 hrs. annually 63-4-112	Regs. 0260-2.05
Texas	Yes	2 days of CE	TCSA Sec. 8b
Utah	No		
Vermont	Yes	2-day educational program	Rules Sec. 4.5
Virginia	No		
Washington	Yes	25 hrs. each 3 yrs.	RCW 18.25.070
West Virginia	Yes	24 hrs. annually	Rule 12
Wisconsin	Yes	24 hrs. each 2 yrs.	R 3.08
Wyoming	Yes	12 hrs. annually	33 10 113
D.C.	Yes	12 hrs. annually	DCCA 43-06-13

Source: HPLIS/CSG; December 31, 1984

KEY:

a Each applicant must attend one seminar annually that is approved by the International Chiropractors Association or the American Chiropractors Association.

CHAPTER VII

STATE REGULATION OF LICENSED PRACTICAL NURSES

LICENSED PRACTICAL NURSE

Type of State Regulation All of the states, the District of Columbia and Puerto Rico license practical nurses. (See Table VI-1).

Scope of Practice Each state identifies a scope of practice to define areas in which the licensed practical nurse (LPN) can practice. An example reads:

> The performance, for compensation, of acts designed to promote and maintain health, prevent illness and injury and provide care utilizing standardized procedures and the nursing process, including administering medication and treatments, under the direction of a licensed professional nurse or a licensed or otherwise legally authorized physician or dentist. Such practice requires basic knowledge of the biological, physical and behavioral sciences and of nursing skills but does not require the substantial specialized skill, independent judgment and knowledge required in the practice of professional nursing. Additional acts requiring appropriate education and training may be performed under emergency or other conditions which are recognized by the nursing and medical profession as proper to be performed by a licensed practical nurse.

Organization of State Regulatory Bodies and Functions All of the states regulate licensed practical nurses through a board of nursing. Six states (i.e. CA, GA, LA, TX, WA and WV) and the District of Columbia have a separate board to regulate licensed practical nurses exclusively. The other states have nursing boards which regulate both LPN's and RN's. None of the state boards are composed exclusively of LPNs. Only two state boards have a majority of LPNs as members. Twenty states specify one or more members must be engaged in education. Forty-three boards have one or more public members. The remaining members are most frequently registered nurses and physicians. (See Table VI-2).

Nearly every state allows the board to issue licenses, promulgate rules and regulations, and approve or accredit the educational programs. (See Table VI-3).

All but Arkansas allow the board to revoke and/or suspend a nurses' license as a disciplinary sanction. Arkansas uses only supervision. See Table VI-4 for other sanctions available to the board.

All of the states require written examinations for practical nurse licensure. Fifty states utilize the National Council of Licensure Examination for Practical Nurses, although not every state specifies this exam in its law. In addition to the written exam, a few states may also require an oral or practical examination but none do so. (See Table VI-5).

Requirements for Licensure All states require that the practical nurse have completed a course of study in an accredited school for practical or vocational nursing. Most of the states require that the nurse be of good moral character. For specific character requirements, as well as age requirements see Table VI-6.

Continuing Education Requirements Thirteen states require the LPN to complete continuing education requirements as a prerequisite for license renewal. See Table VI-9 for detailed information.

Interstate Recognition of Credentials All states endorse the license of practical nurses from other states once the nurse has established that certain conditions have been met. Table VI-8 sets out those conditions.

Fee Schedule Fee levels for six types of fees are shown in Table VI-7.

TABLE VI-1

LICENSED PRACTICAL NURSE

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Alabama	Licensure	CA 34-21-20
Alaska	Licensure	AS 08.68.160
Arizona	Licensure	ARS 32-1601.1
Arkansa	Licensure	AS 72-745
California	Licensure*	Bus.& Prof. Code 6.5-2859
Colorado	Licensure	CRS 12-38-103(8)
Connecticut	Licensure	CGS 20-92
Delaware	Licensure	DCA 24-1902(c)
Florida	Licensure	FS 464.003(5)
Georgia	Licensure	OCG 43-26-32(a)
Hawaii	Licensure	HRS 457-1
Idaho	Licensure	IC 54-1401
Illinois	Licensure	111 IRS 3405(4)
Indiana	Licensure	IC 25-29-1-1(d)
Iowa	Licensure	IC 152.1(3)
Kansas	Licensure	KSA 65-113(f)
Kentucky	Licensure	KRS 314.011(2)
Louisiana	Licensure	RS 37:961(4)
Maine	Licensure	32 MRSA 2101
Maryland	Licensure	ACM 7-101(c)
Massachusetts	Licensure	ALM 112 section 74a
Michigan	Licensure	R 338.1222(2)
Minnesota	Licensure	MS 148.29(3)
Mississippi	Licensure	MCA 73-15-3
Missouri	Licensure	RSMo 335-016(5)
Montana	Licensure	MCA 37-8-101(2)
Nebraska	Licensure	RS 71-1,132.04
Nevada	Licensure	NRS 632.260
New Hampshire	Licensure	RSA 326-B:15(II)
New Jersey	Licensure	RS 45:11-37
New Mexico	Licensure	NMSA 61-3-5
New York	Licensure	CLNYA 6903
North Carolina	Licensure	GSNC 90-171.43
North Dakota	Licensure	NDCC 43-12.1-03
Ohio	Licensure	ORCA 4723.37
Oklahoma	Licensure	59 OS 567.14
Oregon	Licensure	ORS 678.021
Pennsylvania	Licensure	49 Pa. Code 21.141
Rhode Island	Licensure	GLRI 5-34-2
South Carolina	Licensure	SCCL 40-33-710

STATE	TYPE	CITATION
South Dakota	Licensure	SDLA 36-9-68
Tennessee	Licensure	TCA 63-7-120
Texas	Licensure*	Rules 231.101
Utah	Licensure	UCA 58-31-2
Vermont	Licensure	VSA 1584
Virginia	Licensure	CV 54-367.35
Washington	Licensure	RCW 18.78.170
West Virginia	Licensure	WVC Bd. Rule Sect. 11(1)
Wisconsin	Licensure	WSA 441.10
Wyoming	Licensure	WS 33-21-145
D.C.	Licensure	D.C. Code 2-1702.8
Puerto Rico	Licensure	Act 121 Section 20

Source: HPLIS/CSG; December 31, 1984

KEY:

* In CA and TX LPN's are referred to as Licensed Vocational Nurse, L.V.N.

TABLE VI-2

LICENSED PRACTICAL NURSE

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS				
STATE	NAME OF BOARD & DEPARTMENT	PROF.	PUB.	OTHER	TOTAL	CITATION
Alabama	Bd. of Nursing	4	0	6a	10	CA 34-21-2
Alaska	Bd. of Nursing Dept. of Commerce & Econ. Dev.	1	2	4a*	7	AS 08.68.010
Arizona	Bd. of Nursing	2	2	5a	9	ARSA 32-1602(A)
Arkansas	Bd. of Nursing	3	1	9b	13	AS 72-747
California	Bd. of Voc Nurse & Psych Tech Exam. Bd. Dept. of Consumer Affairs	3	5	3c	11	Chap 6.5-2841
Colorado	Bd. of Nursing Dept. of Regulatory Agencies	3	2	6a***	11	CRS 12-38-104
Connecticut	Bd. of Examiners for Nursing Dept. of Health Services	2	4	5a***	11	CGS 20-88
Delaware	Bd. of Nursing	4	2	5a	11	DCA 24-1903(A)
Florida	Bd. of Nursing Dept. of Professional Regulation	2	2	5d	9	FS 464.004
Georgia	Bd. of Examiners of LPN's	6	1	0	7	OCG 43-26-31
Hawaii	Bd. of Nursing Dept. of Commerce & Consumer Affairs	2	2	5a	9	HRS 457-3
Idaho	Bd. of Nursing Dept. of Self Governing Agencies	2	1	4a	7	IC 54-1403
Illinois	Bd. for Opinions on Prof. Nursing Dept. of Registration & Education	0	0	8e	8	111 IRS 3406
Indiana	Bd. of Nurses Registration & Ed.	2	1	5a*	8	IC 25-23-1-2
Iowa	Bd. of Nursing Dept. of Health	1	2	4a***	7	IC 147.14
Kansas	Bd. of Nursing	2	2	7f	11	KSA 74-1106
Kentucky	Bd. of Nursing	3	1	7a	11	KRS 314.121
Louisiana	Bd. of Practical Nurse Examiners Dept. of Health & Human Resources	4	0	7g	11	LRS 37:962

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL	CITATION
Maine	Bd. of Nursing	1	1	5a*	7	32 MRSA 2151
Maryland	Bd. of Examiners of Nurses	3	2	6***	11	MCA 7-202
Massachusetts	Bd. of Registration in Nursing	2	1	5a***	8	Chap.112 Sec.13
Michigan	Bd. of Nursing Dept. of Licensing & Regulation	3	2	9a***	14	Pub. Health Code Sec 17221
Minnesota	Bd. of Nursing	3	3	5a**	11	MS 148.181
Mississippi	Bd. of Nursing	4	1	7h**	12	MCA 73-15-9
Missouri	Bd. of Nursing	2	1	5a	8	VAMS 335.021
Montana	Bd. of Nursing Dept. of Commerce	3	2	4a*	9	MCA 2-15-1844
Nebraska	Bd. of Nursing Dept. of Health	2	1	7a****	10	RS 71-1,132.07
Nevada	Bd. of Nursing	2	1	4a	7	NRS 632.030
New Hampshire	Bd. of Nurse Ed.& Nursing Regist.	1	1	5a***	7	RSA 326 B-3
New Jersey	Bd. of Nursing Dept. of Law and Public Safety	2	1	7a	10	RS 45:11-24
New Mexico	Bd. of Nursing	2	1	4a	7	NMSA 61-3-8
New York	Bd. of Nursing Dept. of Education	4	2	11a	17	CLNYA 6904/6508
North Carolina	Bd. of Nursing	4	2	9a***	15	GSNC 90-171.21
North Dakota	Bd. of Nursing	3	1	5a	9	Rules 54-01-01-0
Ohio	Bd. of Nursing Ed.& Nurse Regist.	3	0	5a*	8	ORCA 4723.01
Oklahoma	Bd. of Nurse Regist. and Nursing Ed.	3	0	5a	8	OS 567.4
Oregon	Bd. of Nursing	2	1	6a	9	ORS 678.140
Pennsylvania	Bd. of Nurse Exam. of the Commonwealth Dept. of State	2	2	6i	10	71 PS 128
Rhode Island	Bd. of Nurse Regist. & Nursing Ed.	2	0	7a****	9	GLRI 5-34-4
South Carolina	Bd. of Nursing	2	1	4a	7	CLSA 40-33-210
South Dakota	Bd. of Nursing	3	2	6a**	11	SDLA 36-9-5

		NUMBER OF BOARD MEMBERS				
STATE	NAME OF BOARD & DEPARTMENT	PROF.	PUB.	OTHER	TOTAL	CITATION
Tennessee	Bd. of Nursing	3	1	5a	9	TCA 63-7-202
Texas	Bd. of Vocational Nurse Exam.	7	2	3	12	Nurse Practice Act Sec. 5
Utah	Bd. of Nursing Dept. of Business Regulation	3	1j	9a****	13	UCA 58-31-5
Vermont	Bd of Nursing	2	2	4a	8	VSA 1573
Virginia	Bd. of Nursing	2	0	5a	7	VC54-367.3
Washington	Bd. of Practical Nursing Dept. of Licensing	2	1	2a	5	RCW 18.78.020
West Virginia	Bd of Exam. for LPN's	2	1	4	7	WVC 30-7A-5
Wisconsin	Bd. of Nursing	2	2	5a	9	
Wyoming	Bd. of Nursing Dept. of Regulation and Licensing	2	1	4a*	7	WS 33-21-121
D.C.	Practical Nurses' Examining Bd. Dept. of Consumer & Regulatory Affairs	3	0	4a	7	
Puerto Rico	Sub Bd. of the Bd. of Nurse Exam.	1	0	2a	3	Act 121 Sec 2

Source: HPLIS/CSG; December 31, 1984

KEY:

* One member engaged in education
** Two members engaged in education
*** Three members engaged in education
****Four members engaged in education

a. RN's
b. Six RN's & three licensed psychiatric technician nurses
c. Two psychiatric technicians; one LVN or RN
d. RN's, including at least one nurse practitioner
e. Three physicians; three RN's; two chief executive officers of hospitals
f. Five RN's and two licensed mental health technicians
g. Two RN's; five licensed physicians
h. Six RN's; one licensed physician
i. Five are RN's and one is the Commissioner of Professional and Occupational Affairs
j. A vocational educator

TABLE VI-3

LICENSED PRACTICAL NURSE

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATION	PROMULAGATE REGULATIONS
Alabama	Board	Board	Board
Alaska	Board	Board	Board
Arizona	Board	Board	Board
Arkansas	Board	Board	Board
California	Board	Board	Board
Colorado	Board	Board	Board
Connecticut	Department	Board	Department b
Delaware	Board	Board	Board
Florida	Department	Board	Board
Georgia	Board	Board	Board
Hawaii	Board	Board	Board
Idaho	Board	Board	Board
Illinois	Department	Department	Department
Indiana	Board	Board	Board
Iowa	Board	Board	Board
Kansas	Board	Board	Board
Kentucky	Board	Board	Board
Louisiana	Board	Board	Board
Maine	Board	Board	Board
Maryland	Board	Board	Board
Massachusetts	Board	Board	Board
Michigan	Board	Board	Board
Minnesota	Board	Board	Board
Mississippi	Board	Board a	Board
Missouri	Board	Board	Board
Montana	Board	Board	Board
Nebraska	Board	Board	Board
Nevada	Board	Board	Board
New Hampshire	Board	Board	Board
New Jersey	Board	Board	Board
New Mexico	Board	Board	Board
New York	Department	Department	Department
North Carolina	Board	Board	Board
North Dakota	Board	Board	Board
Ohio	Board	Board	Board
Oklahoma	Board	Board	Board
Oregon	Board	Board	Board
Pennsylvania	Board	Board	Board
Rhode Island	Administrator of Prof. Regist.b	Board	Board
South Carolina	Board	Board	Boardd

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATION	PROMULAGATE REGULATIONS
South Dakota	Board	Board	Board
Tennessee	Board	Board	Board
Texas	Board	Board	Board
Utah	Division of Registration b	Division of Registration b	Board
Vermont	Board	Board	Board
Virginia	Board	Board	Board
Washington	Department b	Board	Board
West Virginia	Board	Board	Board
Wisconsin	Board	Board	Board
Wyoming	Board	Board	Board
D.C.	Department	Department	Department
Puerto Rico	Board	Board of Vocational Education	Board

Source: HPLIS/CSG; December 31, 1984

KEY:

a A program approved by the State Department of Education or one approved by a legal accrediting agency of another state or country which is satisfactory to the Mississippi Board of Nursing.
b Recommendation of the Board required.

TABLE VI-4

LICENSED PRACTICAL NURSE

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Alabama	CA 34-21-25	x	x						b
Alaska	AS 08.68.275	x	x	x	x	x	x		a
Arizona	ARS 32-1663	x	x		x		x		b
Arkansas	AS 72-7600	x							b
California	CBPC 2875	x	x				x		b
Colorado	CRS 12-38-117	x	x			x	x		a
Connecticut	CGS 20-99	x	x						c
Delaware	DCA 24-1922(B)	x	x	x	x		x		a,b
Florida	FS 464.018	x	x			x	x	x	a,c,e,f
Georgia	OCG 43-26-36(b)	x	x	x		x			f
Hawaii	HRS 457-12	x	x						b
Idaho	IC 54-1412	x	x	x					
Illinois	111 IRS 3420	x	x						
Indiana	IC 25-23-1-25.1	x	x	x	x	x	x		
Iowa	IC 152.10	x	x	x			x		c
Kansas	KSA 65-1120	x	x	x					
Kentucky	KRS 314.091	x	x	x			x		c
Louisiana	RS 37:969	x	x						
Maine	32 MRSA 2105.2	x	x						
Maryland	ACM 7-313	x	x			x	x		
Massachusetts	ALM Chap 112	x	x						
Michigan	Pub.H.Code 16226	x	x	x		x	x	x	
Minnesota	MS 148.297	x	x	x					b
Mississippi	MCA 73-15-29	x	x	x		x	x	x	b,e,f
Missouri	RSMo 335.066	x	x		x		x		

RESTRICT

STATE	CITATION	SUSPEND	REVOKE	LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Montana	MCA 37-8-441	x	x						
Nebraska	RSN 71-1,132.29	x	x						b
Nevada	NRS 632.350	x	x						
New Hampshire	RSA 326-B:12	x	x	x		x			a
New Jersey	NJSA 45:12-22	x	x		x	x		x	f
New Mexico	Rules Art VII	x	x			x	x		
New York	CLNYA 6511	x	x	x	x	x	x	x	a,f
North Carolina	NCGS 90-171.37	x	x	x		x			g
North Dakota	NDCC 43.12.1-14	x	x			x	x		
Ohio	ORCA 4723.28	x	x						
Oklahoma	59 OS 567.8A	x	x						b
Oregon	ORS 678.111&.117	x	x	x	x	x	x	x	
Pennsylvania	49 PS 21.142	x	x						
Rhode Island	GLRI 5-34-24	x	x			x			b
South Carolina	CLSC 40-33-930	x	x	x		x	x		a
South Dakota	SDCL 36-9-49	x	x						
Tennessee	TCA 63-7-115	x	x						
Texas	TCSA 231.81	x	x			x	x		
Utah	UCA 58-31-14	x	x						b
Vermont	VSA 1582	x	x						b
Virginia	CV 54-367.32	x	x		x		x		
Washington	RCW 18.78.135	x	x						
West Virginia	WVC 30-7-11	x	x						b
Wisconsin	WSA 441.07	x	x	x		x			
Wyoming	WS 33-21-145	x	x						b
D.C.	DCCA 2-1702.12	x	x						
Puerto Rico	Act 121 sec 19b	x	x						

Source: HPLIS/CSG; December 31, 1984

KEY:

a May require additional education or training.
b May take other disciplinary measures.
c May order a reasonable physical or mental exam if the license holder's condition is the subject of an investigation.
d May require an examination.
e May require to work under the supervision of another nurse.
f May submit to the care, counseling or treatment of physicians or other professional persons.

TABLE VI-5

LICENSED PRACTICAL NURSE

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alabama	a			
Alaska	a			12 AAC 44-300
Arizona	a	may	may	ARSA 32-1618
Arkansas	a	may		AS 72-755(b)
California	a	may	may	Chap. 6:5 2870
Colorado	a			CRS 12-38-108.1
Connecticut	a			CGS 20-92
Delaware	a			Art. VI sect. 1.3
Florida	b			Rules 210-8.23
Georgia	a			Rules 400-2-.01
Hawaii	a			Rules 16-89-9
Idaho	a			Rules 03-A-3
Illinois	a			111 IRS 3416
Indiana	a	may	may	IC 25-23-1-13
Iowa	a			Rules 590-3.4(2)
Kansas	a	may	may	KSA 65-1116
Kentucky	b			201 KAR 20:70 sect 3
Louisiana	a	may	may	LRS 37:971
Maine	a	x	x	Rules 2-1(B)
Maryland	a			MCA 7-304
Massachusetts	x	may	may	Chap. 112 sect. 75
Michigan	b			R. 338.1223
Minnesota	a			Rules 6310.5400
Mississippi	b			Rules Chap. 1-1.1
Missouri	b	may	may	VAMS 335.051
Montana	a	x	x	Rules 8.32.402
Nebraska	x			RS 71-1,132.14
Nevada	x			NRS 632.280(1)
New Hampshire	x			RSA 326-B:6
New Jersey	b	x	x	NJAC 13:37-3.3
New Mexico	a			Art. III sect. B
New York	b			Commissioner's Rule 64.2
North Carolina	a			Rules 36 sect. 0211
North Dakota	a			Art. 54-02-01-01
Ohio	a			ORCA 4723-07-01
Oklahoma	b			Art. IV sect 1
Oregon	a			Rules 851-20-163
Pennsylvania	x			49 PS 21.151
Rhode Island	x			Rules 5-34-15
South Carolina	a	x	x	Act 4 Reg 91-15

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
South Dakota	a			Rules 20:48:03:01
Tennessee	b			Rules 1000-2-.01
Texas	b			Standards 235.4
Utah	b			Rules 1984 sect 1(B)
Vermont	b			N 5.01
Virginia	b			Regulation Section V 5.1
Washington	b			WAC 308-117-040
West Virginia	b	may	may	WVC 30-7A-6
Wisconsin	a			N 2.05
Wyoming	a			Rules Chap. II Sect. (2)(a)(ii)
D.C.	x	may	may	Rules 2-1702.8
Puerto Rico	x			Act 121 sect 12

Source: HPLIS/CSG; December 31, 1984

KEY:

x An exam is given but there is no reference to a specific examination.
a National Council of Licensure Examination for Practical Nurses.
b May be prepared by the board or delegated to others.
d The English version of the exam administered by the Canadian Nurses Association Testing Service (CNATS) may be used.

TABLE VI-6

LICENSED PRACTICAL NURSE

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	ED.	INTERN.[1]	MORALS	AGE	CIT.	RES.
Alabama	CA 34-21-22	x		a			
Alaska	AS 08-68-170	x					
Arizona	ARS 32-1637	x					
Arkansas	AS 72-755	x					
California	Bus. Code 2866	x			17		
Colorado	CRS 12-38-112	x		b			
Connecticut	CGS 20-96	x					
Delaware	DCA 1914	x		c,d,e			
Florida	FS 464.008	x		c,e			
Georgia	OCG 43-26-32	x		a,c	18f		
Hawaii	HRS 457-8	x					
Idaho	IC 54-1408	x		c			
Illinois	111 IRS 3412	x		g	18		
Indiana	IC 25-23-1-12	x		d,h			
Iowa	IC 152.7	x					
Kansas	KSA 65-1116	x					
Kentucky	KRS 314.051	x		c			
Louisiana	LRS 37:970	x		a		yes	
Maine	32 MRSA 2251	x		c			
Maryland	MCA 7-302	x					
Massachusetts	Chap 112-74	x		a			
Michigan	MCLA 368	x		a,e	18		
Minnesota	MS 148.291	x		a,c			
Mississippi	MCA 73-15-21	x		e			
Missouri	VAMS 335.046	x		a,e	18		
Montana	MCA 37-8-415	x					
Nebraska	RS 71-1,132.37	x		a	18		
Nevada	NRS 632.270	x		a	18		
New Hampshire	RSA 326-B:6	x		a,c,d			
New Jersey	NJSA 45:11-27	x		a,b	18		
New Mexico	NMSA 61-3-18	x					
New York	CLNYA 6905	x		a	17		
North Carolina	GSNC 90-171.29	x		c			
North Dakota	NDCC43-12.1-10	x,i					
Ohio	ORCA 4723-7.02	x		a	18		
Oklahoma	OS 567.6	x		a			
Oregon	ORS 678.040	x		c			
Pennsylvania	49 PS 21.151	x		a	18		
Rhode Island	GLR15-34-14	x		a			
South Carolina	CLSC 40-33-730	x		a,c	18		

STATE	CITATION	ED.	INTERN.	MORALS	AGE	CIT.	RES.
South Dakota	SDCL 36-9-37	x					
Tennessee	TCA 63-7-109	x		c			
Texas	TCSA 235.4	x		c			
Utah	UCA 58-31-10	x		a,c			
Vermont	VSA 1576	x					
Virginia	VC 54-367.19	x					
Washington	RCW 18.78.060	x		a,c	18		
West Virginia	WVC 30-7A-3	x		a			
Wisconsin	WS 441.10	x		a,j	18		
Wyoming	WS 33-21-1278	x		d			
D.C.	2-1702.8	x		a,c	18		
Puerto Rico	Act 121 sec 9	x					

Source: HPLIS/CSG; December 31, 1984

KEY:

1 An internship is defined as supervised work experience.
x Holds a degree from an accredited or approved school of nursing.
a Good moral character
b Not a regular user or addicted to any controlled substance for the 12 months prior to application; or, is not habitually intemperate in the use of intoxicating liquor.
c Is of satisfactory physical and mental health.
d Has committed no acts which are grounds for disciplinary action as set out in this act.
e Demonstrates competence in English, as it relates to nursing.
f Board may allow a 17 year old to take the exam if applicant has completed training required.
g Has demonstrated integrity and temperate habits during tenure in nursing program. Department may take into consideration any felony conviction, but such shall not be an automatic bar to registration.
h Has not been convicted of a felony that has direct bearing on ability to practice competently.
i Recommended by the faculty of the nursing school.
j No arrest or conviction subject to WS 111.321,.322 and .335.

TABLE VI-7

LICENSED PRACTICAL NURSE

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
Alabama	$35		$28/Bi	$10	$10	$50
Alaska	$20	$10	$20/Bi			$10
Arizona	$45		$20/Bi*	$10		$45
Arkansas	$20	$35		$10	$5	$45
California	$50*	$50a*	$50*			
Colorado**		$30	$10/Bi		$30	
Connecticut		$25				
Delaware	$30		$20/Bi			$30
Florida	$40		$22			$20
Georgia	$15	$50	$30/Bi	$15		$50
Hawaii**		$15	$10/Bi			
Idaho	$45		$30/Bi	$10	$5	$60
Illinois	$15	a	$10		$10	
Indiana	$25		$10/Bi		$2	$20
Iowa	$30		$30/Tri		$15	$56
Kansas	$35		$25/Bi			$35
Kentucky	$70		$50/Bi		$10	
Louisiana	$10	$15	$10	$1	$17	
Maine	$30	$18.50	$15			$30
Maryland	$35	$30	$20/Bi	$10	$5	$50
Massachusetts	$30	$6/Bi				$50
Michigan	$45	$10	$10			$25
Minnesota	$35		$16b		$5b	$30
Mississippi	$38.50c	$50	$7		$12	$35
Missouri	$25		$12/Ann		$5	$25
Montana	$35		$10			$42c
Nebraska	$45*		$20*/Bi			$45
Nevada	$45	$30	$50/Bi	$30	$15	
New Hampshire**		$30	$8/Bi	$3		$30
New Jersey	$25		$18/Bi		$10	$20
New Mexico	$45		$30/Bi			$45
New York	$95		$20/Bi	$20		$70
North Carolina	$45*		$25/Bi*			$45*
North Dakota	$40		$30/Ann.			$40
Ohio	$32	$18.50	$10/Bi		$10	$32
Oklahoma	$85*		$40/Bi*			$85*
Oregon	$53		$25/Bi	$8	$19	$33
Pennsylvania	$42.50					
Rhode Island	$50		$30/Bi			
South Carolina	$45		$10/Ann.	$5	$3	$50

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
South Dakota	$50		$35/Bi	$5	$15	$50
Tennessee	$40		$10/Bi	$5		$40
Texas	$40		$7/Ann.		$5	$40
Utah	$60		$20/Bi	$5		$40
Vermont	$40*		$25/Bi*			
Virginia	$30d		$7/Ann.		$10	
Washington	$35		$10/Ann.		$5	$35
West Virginia	$50		$10/Ann.		$4	$25
Wisconsin**		$20	$25/Bi	$10		$50
Wyoming	$75		$35/Bi	$60		$70
D.C.**	$15	$15	$20/Ann			$25
Puerto Rico	$8		$1/Bi(Revenue Stamps)			$10

Source: HPLIS/CSG; December 31, 1984

KEY:

* Indicates a ceiling imposed by statute.
** Information taken from a December 1982 document and may not be current.
a To cover the cost of the exam.
b A duplicate license is not issued. A replacement license may be issued by notifying the board.
c Includes $7.00 for a temporary permit fee.
d Initial license issue fee is not to exceed $7.00.

TABLE VI-8

LICENSED PRACTICAL NURSE

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Alabama	Endorsement	a	CA 34-21-22
Alaska	Endorsement	a or b	AS 08-68-200
Arizona	Endorsement	a	ARS 32-1639
Arkansas	Endorsement	a	AS 72-755(b)2
California	Endorsement	a & c	Chap. 25 2517
Colorado	Endorsement	a,c & d	CRS 12-38-108(2)
Connecticut	Endorsement	a	CGS 20-97
Delaware	Endorsement	a or e	DCA 1916
Florida	Endorsement	a or d	FS 464.009
Georgia	Endorsement	a,d & f	Rules 400-2-06
Hawaii	Endorsement	a	HRS 457.8
Idaho	Endorsement	a+c+d or b	Title 3 Chap.B sec.1
Illinois	Endorsement	a	111 IRS 3428
Indiana	Endorsement	a	IC 25-23-1-13
Iowa	Endorsement	d	IC 152:8
Kansas	Endorsement	a	KSA 65-1116
Kentucky	Endorsement	a,d	201 KAR 20:110
Louisiana	Endorsement	a	RS 37:972
Maine	Endorsement	a	32 MRSA 2254
Maryland	Endorsement	a+d	MCA 7-306
Massachusetts	Endorsement	a	Chap. 112 sec.76
Michigan	Endorsement	a+d	Public Health Code, Act 368
Minnesota	Endorsement	a+c	85 Rules 2659
Mississippi	Endorsement	a+g	MCA 73-15-21(3)
Missouri	Endorsement	a	VAMS 335.051
Montana	Endorsement	a	MCA 37-8-417
Nebraska	Endorsement	a	RS 71-1,132.15
Nevada	Endorsement	a,b,i and j	NRS 632.280
New Hampshire	Endorsement	a,m	RSA 326-B:7
New Jersey	Endorsement	a	NJSA 45:11-27
New Mexico	Endorsement	a,i	NMSA 61-3-19
New York	Endorsement	c,o	Commissioner's Rule 59.6
North Carolina	Endorsement	a,b,k	GSNC 90-171.32
North Dakota	Endorsement	b,i,e	NDCC 43-12.1-12
Ohio	Endorsement	a,i	ORCA 4723.23
Oklahoma	Endorsement	a,b	59 OS 567.6
Oregon	Endorsement	e,h,k	ORS 678.050
Pennsylvania	Endorsement	e,i	49 PS 21.15
Rhode Island	Endorsement	a,b	GLRI 5-34-15
South Carolina	Endorsement	a,b	CLSC 40-33-760

STATE	TYPE	CONDITIONS	CITATION
South Dakota	Endorsement	a,b	SDCL 36-9-39
Tennessee	Endorsement	j	Rules 1000-2.02
Texas	Endorsement	a,b	Sec. 7 of House Bill 47
Utah	Endorsement	b,e	UCA 58-31-10
Vermont	Endorsement	b,i,m	VCA 1576
Virginia	Endorsement	a,b	CV 54-367.20
Washington	Endorsement	b,i,l	RCW 18.78.070
West Virginia	Endorsement	a,b	WVC 30-7A-6
Wisconsin	Endorsement	a,b	Rules N3.03
Wyoming	Endorsement	a,n	WS 33-21-127
D.C.	Endorsement	a	DCCA 2-1702.8
Puerto Rico	Endorsement	a,b	Act 121 sec.12

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Meets all other requirements of this state.
b. Duly licensed under the laws of another state or territory.
c. Has successfully completed the Canadian Nurses' Association Testing Service exam if the board determines it is comparable to the exam administered by this state and has completed a practical nurses education program approved by the board.
d. Took the State Board Testing Pool Exam (SBTPE) for Practical Nurses or the NCLEX for Practical Nurses and passed with a score equal to or above the minimum passing score required by the board, or passed a state constructed exam prior to the advent of SBTPE.
e. Has graduated from an approved program in the U.S. or its territories or from a program in a foreign country, and meets the qualifications for licensees in this state.
f. In the event the applicant has not been actively employed in practical nursing in the past five years, the applicant will be required to give evidence of completion of a practical nursing refresher program within an approved agency within a one year period prior to endorsement. The board may consider alternate methods of evaluating current knowledge.
g. A satisfactory reference from the most recent employer as to the applicant's health and practical nursing competence.
h. Must have passed the licensing exam required by this state at the time of graduation.
i. Has passed an examination in another state if the exam is substantially equivalent to the one in this state.
j. Must speak English.
k. Board may require proof of competence to practice nursing.
l. Those applicants licensed outside the U.S. shall meet all qualifications required by the board and shall pass an exam required by the board.
m. Has practiced nursing within the past five years.
n. If the applicant has not passed an examination acceptable to the board, then he/she must pass an exam or meet other requirements as specified by the board.
o. Must pass the exam acceptable to this state's board on the same date as the test was given in this state. The applicant may still be licensed if the test was given under the same conditions as the exam in this state and the applicant has five out of eight years experience as an LPN immediately preceding the application.

TABLE VI-9

LICENSED PRACTICAL NURSE

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Alabama*	no		
Alaska	yes	AS 08.68.276	Continuing competence required
Arizona*	no		
Arkansas*	no		
California	yes	Bus.& Prof. 2892.5	30 hrs. biennially
Colorado	yes	CRS 12-38-127.5	20 hrs. biennially
Connecticut*	no		
Delaware*	no		
Florida	yes	Rule 210-13-.07	24 hrs. biennially
Georgia*	no		
Hawaii*	no		
Idaho*	no		
Illinois*	no		
Indiana*	no		
Iowa	yes	IC 590-5.3(152)	15 hrs. annually
Kansas	yes	Rules 60-9-102	5-30 hrs. biennially depending upon date license became effective
Kentucky	yes	KRS 314.073	30 hrs. biennially
Louisiana*	no		
Maine*	no		
Maryland*	no		
Massachusetts	may	Chap. 112 sec.74c	
Michigan*	no		
Minnesota	no		
Mississippi	no		
Missouri*	no		
Montana*	no		
Nebraska	yes	Rules Chap.2 sec.1	200 practice hours in last five years + 20 hrs of continuing education or Inservice education
Nevada	yes	NRS 632.343	30 hrs biennially
New Hampshire	yes		20 hrs biennially
New Jersey*	no		
New Mexico	yes	Art. VI sec.B(3)	30 hrs biennially
New York*	no		
North Carolina*	no		
North Dakota*	no		
Ohio*	no		
Oklahoma*	no		
Oregon*	yes		100 hrs biennially
Pennsylvania*	no		
Rhode Island*	no		

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
South Carolina*	no		
South Dakota*	no		
Tennessee*	no		
Texas*	no		
Utah*	no		
Vermont*	no		
Virginia*	no		
Washington*a	no + a		
West Virginia*	no		
Wisconsin*	no		
Wyoming	yes	Rules Chap.II sec. 12	Evidence of practice of 1600 hrs. in last five years, or 500 hrs. in last two years, or completion of a refresher course accepted by the board; or completion of an orientation program accepted by the board; or completion of a degree program in nursing education accepted by the board; or certification in a specialty area of nursing accepted by the board; or completion of the national nursing licensure examination approved by the board; or completion of 20 hrs. of continuing education in the last two years.
D.C.*	may		
Puerto Rico			

Source: HPLIS/CSG; December 31, 1984

KEY:

* Information taken from a November 1984 document and may not be current.

a. Washington has passed repeal of continuing education which will take effect in 1986

CHAPTER VIII

STATE REGULATION OF REGISTERED NURSES, NURSE PRACTITIONERS, AND NURSE MIDWIVES

REGISTERED NURSE

Type of State Regulation All of the states including Guam, Puerto Rico and the District of Columbia regulate registered nurses through licensure. Although the profession is referred to as "registered nurse", under the definitions of this study, the profession is licensed by states. (See Table VII-1).

Scope of Practice Each state identifies a scope of practice to define the areas in which a registered nurse can practice, and the scope of practice is very similar across the states. Alabama's scope of practice offers a representative view:

> PRACTICE OF PROFESSIONAL NURSING. The performance, for compensation, of any act in the care and counseling of persons or in the promotion and maintenance of health and prevention of illness and injury based upon the nursing process which includes systematic data gathering, assessment, appropriate nursing judgment and evaluation of human responses to actual or potential health problems through such services as case finding, health teaching, health counseling; and provision of care supportive to or restorative of life and well being; and executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist. A nursing regimen shall be consistent with and shall not vary any existing medical regime. Additional acts requiring appropriate education and training designed to maintain access to a level of health care for the consumer may be performed under emergency or other conditions

> which are recognized by the nursing and medical professions as proper to be performed by a registered nurse.

This definition is so prevalent that the distinctions from state to state are between the various levels of nursing (i.e. RN's, Nurse Practitioners or LPN's) rather than within the same level. The major differences between Registered Nurses and Licensed Practical Nurses are the educational preparation and the scope of practice. Licensed Practical Nurses must practice under the supervision of Registered Nurses or licensed physicians.

The American Nurses' Association's Model Practice Act is similar to Alabama's, but the Model Act stresses the educational preparation of the registered nurse:

> The practice of nursing means the performance for compensation of professional services requiring substantial specialized knowledge of the biological, behavioral, psychological, and sociological sciences and of nursing theory as the basis for assessment, diagnosis, planning, intervention, and evaluation in the promotion and maintenance of health; the casefinding and management of illness, injury or infirmity; the restoration of optimum function; or the achievement of a dignified death. Nursing practice includes but is not limited to administration, teaching, counseling, supervision, delegation, and evaluation of practice and execution of the medical regimen, including the administration of medications and treatments prescribed by any person authorized by state law to prescribe. Each registered nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered.

This model permits flexibility within the profession by maintaining a broad definition of nursing.

Organization of State Regulatory Bodies and Functions All states regulate registered nurses through a board of nursing. In forty-four of the states the registered nurse members of the board comprise a majority while in five states, the boards are exclusively composed of registered nurses. All but ten states have consumer members sitting on the board. Twenty-five of the boards have registered nurse members who are also educators. See Table VII-2 for full details.

Almost all of the states utilize the board of nursing to approve or accredit nursing education programs, issue the licenses and promulgate the rules and regulations of the board. (See Table VII-3).

All of the boards but one can suspend and/or revoke a nurse's license. Many of the boards also have the power to restrict a license, and to reprimand or probate the nurse. (See Table VII-4).

All of the states require the applicant to pass a written exam. A few of the states permit an oral or practical examination, but none use them. According to the National Council of State Boards of nursing, all states now use the National Council Licensure Examination for Registered Nurses. (See Table VII-5).

Requirements for Licensure All states require that the nurse have a degree or a diploma from an accredited school of nursing. Most states require that the applicant be of good moral character. No states have citizenship or residency requirements. Table VII-6 contains additional information regarding requirements for licensure.

Interstate Recognition of Credentials All states allow for endorsement of licenses of nurses from other states provided certain conditions are met. These conditions are set out in Table VII-8.

Continuing Education Only fifteen states require that the registered nurse satisfy continuing education requirements before the license can be renewed. (See Table VII-9).

Fee Schedule Fee levels for six types of fees are given in Table VII-7.

TABLE VII-1

RESIGTERED NURSE

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Alabama	Licensure	CA 34-21-200
Alaska	Licensure	AS 08.68.160
Arizona	Licensure	ARS 32-1601.1
Arkansas	Licensure	AS 72-745
California	Licensure	Bus. & Prof. Code 6.2732
Colorado	Licensure	CRS 12-38-103(11)
Connecticut	Licensure	CGS 20-92
Delaware	Licensure	DCA 24-1902.(B)
Florida	Licensure	FS 464.003(4)
Georgia	Licensure	OCG 43-26-6(2)
Hawaii	Licensure	HRS 457-1
Idaho	Licensure	IC 54-1401
Illinois	Licensure	Ill IRS 3405(2)
Indiana	Licensure	IC 25-29-1-1
Iowa	Licensure	IC 152.1(2)
Kansas	Licensure	KSA 65-1113
Kentucky	Licensure	KRS 314.011(2)
Louisiana	Licensure	RS 37:911
Maine	Licensure	32 MRSA 2101
Maryland	Licensure	ACM 7-101(c)
Massachusetts	Registration*	ALM 112.74
Michigan	Licensure	R 338.1222(1)
Minnesota	Licensure	MS 148.171(2)
Mississippi	Licensure	MCA 73-15-3
Missouri	Licensure	RSMo 335.016(a)
Montana	Licensure	MCA 37-8-101(1)
Nebraska	Licensure	RS 71-1,132.04
Nevada	Licensure	NRS 632.130
New Hampshire	Licensure	RSA 326-B:15(II)
New Jersey	Licensure	NJSA 45:11-37
New Mexico	Licensure	NMSA 61-3-5
New York	Licensure	CLNYA 6903
North Carolina	Licensure	GSNC 90-171.43
North Dakota	Licensure	NDCC 43-12.1-03
Ohio	Licensure	ORCA 4723.36
Oklahoma	Licensure	59 OS 567.14
Oregon	Licensure	ORS 678.021
Pennsylvania	Licensure	49 PS 21.1
Rhode Island	Licensure	GLRI 5-34-2
South Carolina	Licensure	CLSC 40-33-510

STATE	TYPE	CITATION
South Dakota	Licensure	SDCL 36-9-68
Tennessee	Licensure	TCA 63-7-120
Texas	Licensure	NURSING ACT 4518
Utah	Licensure	UCA 58-31-2
Vermont	Licensure	VSA 1584
Virginia	Licensure	VC 54-367.35
Washington	Licensure	RCW 18.88.020
West Virginia	Licensure	WVC 30-7-2
Wisconsin	Licensure	WSA 441.06
Wyoming	Licensure	WS 33-21-145
D.C.	Registration*	DCCA 2-1701.1
Guam	Licensure	16PL 12327
Puerto Rico	Licensure	ACT 121 s20

Source: HPLIS/CSG; December 31, 1984

* Although this is designated in the state law as registration, according to this study's definition of licensure, certification and registration, it is in effect licensure.

TABLE VII-2

REGISTERED NURSE

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD & DEPARTMENT	NO. OF BOARD MEMBERS PROF.	PUB.	OTH.	TOTAL	CITATION
Alabama	Bd. of Nursing	6*	0	4a	10	AC 34-21-2
Alaska	Bd. of Nursing Dept. of Commerce & Econ. Dev.	4*	2	1a	7	AS 08.68.010
Arizona	Bd. of Nursing	5	2	2a	9	ARSA 32-1602(A)
Arkansas	Bd. of Nursing	6	1	6b	13	AS 72-747
California	Bd. of Registered Nursing Dept. of Consumer Affairs	5*	3	1c	9	CBPC 6.2702
Colorado	Bd. of Nursing Dept. of Regulatory Agencies	6***	2	3a	11	CRS 12-38-104
Connecticut	Bd. of Examiners for Nursing Dept. of Health Services	5***	4	2a	11	CGS 20-88
Delaware	Bd. of Nursing	5	2	4	11	DCA 24-1903(A)
Florida	Bd. of Nursing Dept. of Prof. Regulation	5	2	2a	9	FS 464.004
Georgia	Bd. of Nursing	7	1	0	8	OCG 43-26-2
Hawaii	Bd. of Nursing Dept. of Commerce & Consumer Affairs	5	2	2a	9	HRS 457-3
Idaho	Bd. of Nursing Dept. of Self Governing Agencies	4	1	2a	7	IC 54-1403
Illinois	Bd. for Opinions of Prof. Nursing Dept. of Registration & Education	4d	0	4e	8	111 IRS 3406
Indiana	Bd. of Nurses' Registration & Education	5*	1	2a	8	IC 25-32-1-2
Iowa	Bd. of Nursing Department of Health	4***	2	1a	7	IC 147.14
Kansas	Bd. of Nursing	5	2	4i	11	KSA 74-1106
Kentucky	Bd. of Nursing	7	1	3a	11	KRS 314.121
Louisiana	Bd. of Nursing Dept. of Health & Human Resources	7	0	0	7	RS 37:914

STATE	NAME OF BOARD & DEPARTMENT	NO. OF BOARD MEMBERS				CITATION
		PROF.	PUB.	OTH.	TOTAL	
Maine	Bd. of Nursing	5*	1	1a	7	32 MRSA 2151
Maryland	Bd. of Examiners of Nurses	6***	2	3a	11	MCA 7-202
Massachusetts	Bd. of Registration in Nursing	5***	1	2a	8	ALM 112-3
Michigan	Bd. of Nursing Dept. of Licensing & Regulation	9***	2	3a	14	Pub. Health Cod 17221
Minnesota	Bd. of Nursing	5**	3	3a	11	MS 148.181
Mississippi	Bd. of Nursing	6**	1	5f	12	MCA 73-15-9
Missouri	Bd. of Nursing	5	1	2a	8	RSMo 335.021
Montana	Bd. of Nursing Dept. of Commerce	4*	2	3a	9	MCA 2-15-1844
Nebraska	Bd. of Nursing Dept. of Health	7****	1	2a	10	RS 71-1,132.07
Nevada	State Bd. of Nursing	4	1	2a	7	NRS 632.030
New Hampshire	Bd. of Nursing Ed. & Nursing Reg.	5***	1	1a	7	RSA 326B-3
New Jersey	Bd. of Nursing Dept. of Law and Public Safety	7	1	2a	10	NJSA 45:11-24
New Mexico	State Bd. of Nursing	4	1	2a	7	NMSA 61-3-8
New York	State Bd. of Nursing Dept. of Education	11	2	4a	17	CLNYA 6904/6508
North Carolina	N.C. Bd. of Nursing	9***	2	4a	15	GSNC 90.171.21
North Dakota	N.D. Bd. of Nursing	5	1	3a	9	NDCC 54-01-01-01
Ohio	Bd. of Nursing Ed. and Nurse Regist.	5*	0	3a	8	ORCA 4723.01
Oklahoma	Bd. of Nurse Regist. and Nursing Ed.	5	0	0	5	59 OS 567.4
Oregon	State Bd. of Nursing	6*	1	2a	9	ORS 678.140
Pennsylvania	St. Bd. of Nurse Examiners of the Commonwealth/ Dept. of State	5	2	3g	10	71 PS 128
Rhode Island	Bd. of Nurse Reg. & Nursing Ed.	7****	0	2a	9	GLRI 5-34-4
South Carolina	State Bd. of Nursing	4	1	2a	7	CLSC 40-33-210

		NO. OF BOARD MEMBERS				
STATE	NAME OF BOARD & DEPARTMENT	PROF.	PUB.	OTH.	TOTAL	CITATION
South Dakota	S.D. Bd. of Nursing	6**	2	3a	11	SDCL 36-9-5
Tennessee	TN Bd. of Nursing	5	1	3a	9	TCA 63-7-202
Texas	Bd. of Nurse Examiners	6***	3	0	9	Nurse Act 4513
Utah	Bd. of Nursing Dept. of Business Regulation	9****	1h	3a	13	UCA 58-31-5
Vermont	Bd. of Nursing	4	2	2a	8	VSA 1573
Virginia	VA State Bd. of Nursing	5	0	2a	7	CV54-367-3
Washington	Washington State Bd. of Nursing Dept. of Licensing	6	1	0	7	RCW 18.88.060
West Virginia	Bd. of Examiners for Registered Nurses	5	0	0	5	WVC 30-7-3
Wisconsin	Wisconsin St. Bd. of Nursing Dept. of Regulation & Licensing	5	2	2a	9	WSA 15.403
Wyoming	Bd. of Nursing	4*	1	2a	7	WS 33-21-121
D.C.	Nurses Examining Bd. Dept. of Commerce & Reg. Affairs	5	0	0	5	DCCA 2-1701.2
Guam	Bd. of Nurse Examiners	5*	1	1a	7	16 PL 12303
Puerto Rico	Bd. of Nurse Examiners	5	0	0	5	Act 121 sec.2

Source: HPLIS/CSG; December 31, 1984

KEY:

* One member engaged in education
** Two members engaged in education
*** Three members engaged in education
a. Others are LPN's
b. Three LPN's and three licensed psychiatric technician nurses
c. Licensed physician
d. One who is a chief executive of a hospital
e. Four physicians, one of whom is chief executive officer of a hospital
f. Four LPN's and one physician
g. Two LPN's and one who is the Commissioner of Professional and Occupational Affairs
h. The public member is a vocational educator.
i. Two LPN's and two licensed mental health technicians

TABLE VII-3

REGISTERED NURSE

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATION	PROMULGATE REGULATIONS
Alabama	Board	Board	Board
Alaska	Board	Board	Board
Arizona	Board	Board	Board
Arkansas	Board	Board	Board
California	Board	Board	Board
Colorado	Board	Board	Board
Connecticut	Board	Board	Department[b]
Delaware	Board	Board	Board
Florida	Department	Board	Board
Georgia	Board	Board	Board
Hawaii	Board	Board	Board
Idaho	Board	Board	Board
Illinois	Department	Department	Department
Indiana	Board	Board	Board
Iowa	Board	Board	Board
Kansas	Board	Board	Board
Kentucky	Board	Board	Board
Louisiana	Board	Board	Board
Maine	Board	Board	Board
Maryland	Board	Board	Board
Massachusetts	Board	Board	Board
Michigan	Board	Board	Board
Minnesota	Board	Board	Board
Mississippi	Board	a	Board
Missouri	Board	Board	Board
Montana	Board	Board	Board
Nebraska	Board	Board	Board
Nevada	Board	Board	Board
New Hampshire	Board	Board	Board
New Jersey	Board	Board	Board
New Mexico	Board	Board	Board
New York	Department	Department	Department
North Carolina	Board	Board	Board
North Dakota	Board	Board	Board
Ohio	Board	Board	Board
Oklahoma	Board	Board	Board
Oregon	Board	Board	Board
Pennsylvania	Board	Board	Board
Rhode Island	b+c	Board	Board
South Carolina	Board	Board	Board

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATION	PROMULGATE REGULATIONS
South Dakota	Board	Board	Board
Tennessee	Board	Board	Board
Texas	Board	Board	Board
Utah	b+d	Divisionb	Board
Vermont	Board	Board	Board
Virginia	Board	Board	Board
Washington	b+e	Board	Board
West Virginia	Board	Board	Board
Wisconsin	Board	Board	Board
Wyoming	Board	Board	Board
D.C.	Department	Department	Department
Guam	Board	Board	Board
Puerto Rico	Board	f	Board

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Program approved by the Bd. of Trustees of State Institutions of Higher Learning, or one approved by a legal accrediting agency of another state or country which is satisfactory to the Mississippi Board of Nursing.
b. Recommendation of the Board required
c. Administrator of Professional Reg.
d. Division of Registration
e. Department of Licensing
f. Superior Education Council

TABLE VII-4

REGISTERED NURSE

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSP.	REVOKE	RESTR. LIC.	CENSURE	REPRI.	PROB.	FINE	OTHER
Alabama	CA 34-21-25	x	x						b
Alaska	AS 08.68.275	x	x	x	x	x	x	x	a
Arizona	ARS 32-1663	x	x						b
Arkansas	AS 72-760	x			x		x		b
California	CBPC 2759	x	x				x		b
Colorado	CRS 12-38-117	x	x	x	x				a
Connecticut	CGS 20-99	x	x						c
Delaware	DCA 24-1922B	x	x	x	x		x		a,b
Florida	FS 464.018(2)	x	x			x	x	x	a,c,d,e
Georgia	OCG 43-26-4(6)	x	x	x		x	x		f
Hawaii	HRS 457-12	x	x						b
Idaho	IC 54-1412	x	x	x					
Illinois	111 IRS 3420	x	x						
Indiana	IC 25-23-1-25.1e	x	x	x	x	x			
Iowa	IC 152.10	x	x	x			x		c
Kansas	KSA 65-1120	x	x	x					
Kentucky	KRS 314.091	x	x	x			x		c
Louisiana	RS 37:921	x	x						b
Maine	32 MRSA 2105.2	x	x						
Maryland	ACM 7-313	x	x			x	x		
Massachusetts	ALM 112-61	x	x						
Michigan	Pub.H.Code 16226	x	x	x		x	x	x	
Minnesota	MS 148.261	x	x	x					
Mississippi	MCA 73-15-29	x	x	x		x	x	x	a,b,e,f
Missouri	RSMo 335.066	x	x		x		x		
Montana	MCA 37-8-441	x	x						
Nebraska	RS 71-1,132.29	x	x						b
Nevada	NRS 632.350	x	x						
New Hampshire	RSA 326-B:12	x	x	x		x			a
New Jersey	NJSA 45:1-22	x	x		x	x		x	f
New Mexico	RULES ART VII	x	x			x	x		
New York	CLNYA 6511	x	x	x	x	x	x	x	a,f
North Carolina	GSNC 90.171.37	x	x	x		x			g
North Dakota	NDCC 43-12.1-14	x	x			x	x		
Ohio	ORCA 4723.28	x	x						
Oklahoma	59 OS 567.8a	x	x						b
Oregon	ORS 678.111,117	x	x	x	x	x	x	x	
Pennsylvania	49 PS 21.2d	x	x						
Rhode Island	GLRI 5-34-24	x	x			x			b
South Carolina	CLSC 40-33-930	x	x	x		x	x		a

STATE	CITATION	SUSP.	REVOKE	RESTR. LIC.	CENSURE	REPRI.	PROB.	FINE	OTHER
South Dakota	SDCL 36-9-49	x	x						
Tennessee	TCA 63-7-115	x	x						
Texas	Nursing Act 4525	x	x				x		
Utah	UCA 58-31-14	x	x						b
Vermont	VSA 1582	x	x						b
Virginia	VC 54-367.32	x	x		x		x		
Washington	RCW 18.78.135	x	x						
West Virginia	WVC 30-7-11	x	x						b
Wisconsin	WSA 441.07	x	x	x		x			
Wyoming	WS 33-21-145	x	x						b
D.C.	DCCA 2-1701.7	x	x						
Guam	16 PL 12324	x	x	x					a,f,e
Puerto Rico	ACT 121s19(b)								

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Requires additional education or training.
b. Other disciplinary action may be taken.
c. A reasonable physical or mental examination may be ordered if the license holder's condition is the subject of an investigation.
d. May require an examination.
e. May require to work under the supervision of another nurse.
f. Submit to the care, counseling or treatment of a physician or other professionals.
g. May require remedial education.

TABLE VII-5

REGISTERED NURSE

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alabama	a or e			CA 34-21-21
Alaska	a			12 AAC 44300
Arizona	a	may	may	R4-19-25
Arkansas	c	may		AS 72-754(b)
California	b			16 CAC 1411.5
Colorado	a			CRS 12-38-108(1)
Connecticut	d			CGS 20-92
Delaware	a			Art. VI 1.3
Florida	b			Rules 210-8.23(1)
Georgia	b			Rules 410-6-01(2)
Hawaii	a			Rules 16-89-9
Idaho	a			IC 03-A-3
Illinois	d			111 IRS 3416
Indiana	d	may	may	IC 25-23-1-11
Iowa	a			IC 590-3.4(2)
Kansas	x	may	may	KSA 65-1115
Kentucky	b			201 KAR 20:70 sec3
Louisiana	b			RS 1.071
Maine	a			Rules Chap 1.1(b)
Maryland	d			MCA 7-304
Massachusetts	x	may	may	ALM 112-75
Michigan	b			R. 338.1223
Minnesota	a			Rules 6310.0500
Mississippi	b			Rules Chap 1-1.1
Missouri	b	may	may	RSMo 335.046
Montana	a			MCA 8.32.402
Nebraska	x			RS 71-1,132.14
Nevada	x	may	may	NRS 632.150(1)
New Hampshire	x			RSA 326-B:6
New Jersey	a			NJSA 13:37-2.2
New Mexico	a			Rules Art.III sB
New York	b			Comm. Rule 64.2
North Carolina	a			36 Bd.Rules 0211
North Dakota	a			Rules 54-02-01-01
Ohio	a			Rules 4723-7-01
Oklahoma	b			Rules Art. V sec.1
Oregon	a			Rules 851-20-163
Pennsylvania	x			49 PS 21.23
Rhode Island	x			GLRI 5-34-11
South Carolina	a			Rules Art 3 91-13

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
South Dakota	a			Rules20:48:03:01
Tennessee	b			Rules 1000-1:01
Texas	b			Nursing Act 4518
Utah	b			Rules(1984) s1(B)
Vermont	b			N 5.01
Virginia	b			Rules sec. V 5.1
Washington	b	may	may	
West Virginia	b		may	WVC 30-7-6
Wisconsin	a			N 2.05
Wyoming	a			R II-2(a)(i)
D.C.	x			DCCA 2-1701.4
Guam	x			16 PL 12311(a)
Puerto Rico	x			Act 121 Sect 9

Source: HPLIS/CSG; December 31, 1984

KEY:

x. An exam is given but there is no reference to a specific examination.
a. National Council Licensure Examination for Registered Nurses
b. May be prepared by the Board or delegated to others
c. Approved by Division of Nurse Registration
d. Approved by Board or Department
e. The English version of the exam administered by the Canadian Nurses Association Testing Service (CNATS).

Although not reflected in state statutes and regulations, the National Council of State Boards of Nursing reports that all states now use the National Council Licensure Examination for Registered Nurses.

TABLE VII-6

REGISTERED NURSE

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	EDUCATION	INTERN.[1]	MORALS	AGE	CIT.	RES.
Alabama	CA 34-21-21	x		a			
Alaska	AS 08.68.170	x					
Arizona	ARS32-1632	x					
Arkansas	AS 72-754	x		a			
California	Bus. & Prof. Code 2763	x					
Colorado	CRS 1238-111	x		b			
Connecticut	CGS 20-93	x					
Delaware	DCA 1910	x		c,d,e			
Florida	FS 464.008	x		c,e			
Georgia	OCG 43-26-7	x					
Hawaii	HRS 457.7	x					
Idaho	IC 54-1407	x		c			
Illinois	111 IRS 3411	x		f	18		
Indiana	IC 25-23-1-11	x		d,g			
Iowa	IC 152.7	x					
Kansas	KSA 65-1115	x					
Kentucky	KRS 314.041	x		c			
Louisiana	RS 37:920	x					
Maine	32 MRSA 2201	x					
Maryland	ACM 7-302	x					
Massachusetts	ALM 112-74	x		a			
Michigan	MCLA 368	x		a,e	18		
Minnesota	MS 148-211	x		a,c			
Mississippi	MCA 73-15-19	x		e			
Missouri	RSMo 335.046	x		a	19		
Montana	MCA 37-8-405	x					
Nebraska	RS 71-1,132.13	x		a			
Nevada	NRS 632.140	x		a,c			
New Hampshire	RSA 326-B:6	x		c,d			
New Jersey	NJSA 45:11-26	x		a,b	18		
New Mexico	NMSA 61-3-13	x					
New York	CLNYA 6905	x		a	18		
North Carolina	GSNC 90-171.29	x		c			
North Dakota	NDCC 43-12.110	x		h			
Ohio	Rules 4723-7-02	x		a			
Oklahoma	OS 567.5	x		a			
Oregon	ORS 678.040	x		c			
Pennsylvania	63 PS 216	x		a			
Rhode Island	GLRI 5-34-10	x		a			
South Carolina	CLSC 40-33-530	x		a,c	18		

STATE	CITATION	EDUCATION	INTERN.	MORALS	AGE	CIT.	RES.
South Dakota	SDCL 36-9-30	x					
Tennessee	TCA 63-7-104	x		c			
Texas	Nurse Act 4518	x					
Utah	UCA 58-31-9	x		a			
Vermont	VSA 1576	x					
Virginia	CV 54-367.13	x					
Washington	RCW 18-88-130	x					
West Virginia	WVC 30-7-6	x		a			
Wisconsin	WSA 441.04	x		a,i			
Wyoming	WS 33-21-127	x		d			
D.C.	DCCA 2-1701.4	x		a	18		
Guam	16 PL 12310	x					
Puerto Rico	ACT 121 s12	x					

Source: HPLIS/CSG; December 31, 1984

KEY:

-- Means not required
1 An internship is defined as supervised work experience.
x Holds a degree from an accredited or approved school of nursing.
a Be of good moral character
b Is not a regular user, or be addicted to any controlled substance for 12 months prior to application; or is not habitually intemperate in the use of intoxicating alcohol
c Is of satisfactory physical and mental health
d Has committed no acts which are grounds for disciplinary action as set out in the act.
e Demonstrates competence in English as it relates to nursing
f Has demonstrated integrity and temperate habits during tenure in the nursing program.
g Applicant has not committed a felon which has a direct bearing on the applicant's ability to practice competently.
h Recommendation by the faculty
i No arrest or conviction subject to ss 111.321,322,335

TABLE VII-7

REGISTERED NURSE

SCHEDULE OF FEES

STATE	CITATION	APP.	EXAM	RENEWAL	TEMP.	DUP.	RECIPROCAL
Alabama		$45		$28/Bi	$10	$10	$50
Alaska	AS 08.68.220	$30	$20	$20/Bi			$20
Arizona	R 4-19-02	$45		$20/Bi*	$10	$5	$45
Arkansas	Act 824	$25	$60	$25	$10		$50
California	CAC 1417	$25	$35	$25	$12	$10	$20
Colorado							
Connecticut	CGS 20-93		$30				
Delaware	R Sec. 5	$30		$20/Bi			$30
Florida	R 210-15-01	$50		$22			$30
Georgia	R 410-7.01	$15	$25	$30/Bi	$15		$60
Hawaii**			$30	$10/Bi			
Idaho	Title 07.A	$60		$30/Bi	$10	$5	$60
Illinois	111 IRS 3429	$25	cost	$10/Bi		$10	$10
Indiana	848 IAC 1-1-7	$40		$10/Bi		$2	$25
Iowa	IAC 590-3.1(6)	$40		$36/3 Yrs		$15	$56
Kansas	R 60-4-101	$60		$25/Bi			$60
Kentucky	201 KAR 20:240	$70		$50/Bi		$10	
Louisiana							
Maine	R Chap. 1	$40	$18.50	$15		$40	
Maryland		$35	$18.50	$20/Bi	$10	$5	$50
Massachusetts	Chap. 112-74	$30		$6/Bi			$50
Michigan	PHC Act 368	$45		$10			$25
Minnesota	R 6310.0500	$50		$16		$5a	$40
Mississippi		$58.50b		$55/Bi	$7	$12	$50
Missouri		$40		$12/An		$5	$40
Montana	R 8-32.402	$35		$10			$35
Nebraska	RS 71-1,132	$60		$20/Bi			
Nevada	R 632.190	$65	$50	$50/Bi	$40	$15	
New Hampshire**			$40	$10/Bi	$3		$40
New Jersey	NJAC 13:37-12	$35		$18/Bi		$10	$30
New Mexico	61-3-16 NMSA	$75*		$30*/Bi			$75*
New York	CLNYA 6905	$95		$20/Bi	$20		$70
North Carolina	GSNC 90-171.27	$45*		$25*/Bi			$45*
North Dakota	R 54-02-01-06	$65		$40/An			$65
Ohio	R 4723-7	$32	$18.50	$10/Bi		$10	$32
Oklahoma	OS 567.7	$125*		$40*/Bi			$125*
Oregon	R 851-20-295	$53		$25/Bi	$8	$19	$33
Pennsylvania	R 21.126	$42.50					
Rhode Island	GLRI 5-34-12	$75		$30/Bi			
South Carolina	Act 7-91-30	$65		$10/An	$5	$3	$50

STATE	CITATION	APP.	EXAM	RENEWAL	TEMP.	DUP.	RECIPROCAL
South Dakota	R 20:48:06:01	$75		$35/Bi	$5	$15	$75
Tennessee	R 1000-1-.12	$60		$10/Bi	$5		$60
Texas	TCS 4527	$75*	+ $10*c	$25/Bi			$75*
Utah	R 1984-1(A)	$60		$20/Bi	$5		$40
Vermont	1577	$40*		$25*/Bi			$40*
Virginia	R Sec.VI(6)	$40	+ $7c	$7/An		$10	
Washington	WAC 308-120-275	$35		$15/An		$5	$35
West Virginia	WVC 30-7-6	$100*		$10*/An	$70*		$100*
Wisconsin**	See 440.05(6)		$30	$25/Bi			$50
Wyoming	R Chap. V-3	$75		$40/Bi	$60		$80
D.C.**		$25	$25	$24/An			$40
Puerto Rico**			$5	$2			$10

Source: HPLIS/CSG; December 31, 1984

KEY:

* Not to exceed
** Information taken from a December 1982 document and may not be current.
a A replacement license is issued when original license is lost, stolen or destroyed.
b Includes $7 temporary permit fee.
c Initial license fee

TABLE VII-8

REGISTERED NURSE

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Alabama	Endorsement	a	CA 34-21-21
Alaska	Endorsement	a,b or c	AS 08.68.200
Arizona	Endorsement	a,b	ARS 32-1634
Arkansas	Endorsement	a,b	AS 72-754(b)2
California	Endorsement	a,b	Bus. and Prof. Code 2732.1(b)
Colorado	Endorsement	a,b,c,d	CRS 12-38-108(2)
Connecticut	Endorsement	a,b	CGS 20-94
Delaware	Endorsement	a,b or f	DCA 1912
Florida	Endorsement	a,b or a,e	FS 464.009
Georgia	Endorsement	a,b,g	OCG 43-26-7.b
Hawaii	Endorsement	a,b	HRS 457-7
Idaho	Endorsement	a,b,d or c	Title 3 Chap.B-1
Illinois	Endorsement	a,b	111 IRS 3428
Indiana	Endorsement	a,b	IC 25-23-1-11
Iowa	Endorsement	a,e	IC 152.8
Kansas	Endorsement	a	KSA 65-1115
Kentucky	Endorsement	a,b,e	201 KAR 20:110
Louisiana	Endorsement	a,b	LRS 37:920
Maine	Endorsement	a,b	32 MRSA 2205
Maryland	Endorsement	a,b,e	MCA 7-306
Massachusetts	Endorsement	a	ALM 112-76
Michigan	Endorsement	a,b,e	Public Health Code 368
Minnesota	Endorsement	a,b,d	8 SR 2659
Mississippi	Endorsement	a,b,h	MCA 73-15-19(3)
Missouri	Endorsement	a	RSMo 335.051
Montana	Endorsement	a,b	MCA 37-8-407
Nebraska	Endorsement	a,b	RS 71-1,132.15
Nevada	Endorsement	a,b,i,j	NRS 632.160
New Hampshire	Endorsement	a,b,m	RSA 326-B-7
New Jersey	Endorsement	a,b	NJSA 45:11-26
New Mexico	Endorsement	a,i	NMSA 61-3-14
New York	Endorsement	n	Comm. Rule 59.6
North Carolina	Endorsement	a,b,k	GSNC 90-171.32
North Dakota	Endorsement	b,e,i	NDCC 43-12.1-12
Ohio	Endorsement	a,i	ORCA 4723.14
Oklahoma	Endorsement	a,b	59 OS 567.5
Oregon	Endorsement	e,k,i	ORS 678.050
Pennsylvania	Endorsement	a,h	49 PS 21-28
Rhode Island	Endorsement	a,b	GLRI 5-34-11
South Carolina	Endorsement	a,b	CLSC 40-33-560

STATE	TYPE	CONDITIONS	CITATION
South Dakota	Endorsement	a,b	SDCL 36-9-32
Tennessee	Endorsement	a,b,d,i	Rules 1000-1.02
Texas	Endorsement	a,b	Act 4522
Utah	Endorsement	a,b	UCA 58-31-9
Vermont	Endorsement	b,i,m	VCA 1576
Virginia	Endorsement	a,b	CV 54-367.14
Washington	Endorsement	b,i,l	RCW 18.88.150
West Virginia	Endorsement	a,b,k	WVC 30-7-6 & 30-7-7
Wisconsin	Endorsement	a,i	Rule N. 3.03
Wyoming	Endorsement	a,b	
D.C.	Endorsement	o	DCCA 2-1701.5
Guam	Endorsement	a,b	16 Public Act 12311
Puerto Rico	Endorsement	a,b	Act 121 sec.11

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Applicant meets all other requirements of this state.
b. Applicant is duly licensed under the laws of another state or territory.
c. Applicant has successfully completed the Canadian Nurses' Assoc. Testing Service examination, if the Bd. determines it is comparable to the exam administered by this state; and has completed a registered nursing education program approved by the Board.
d. Applicant nas passed the SBTPE or the NCLEX, or a state constructed exam for those licensed prior to the advent of SBTPE.
e. Applicant has graduated from an approved program in the U.S. or its territories or from a program in a foreign country; and is duly licensed.
f. If the applicant has not been actively employed in professional nursing in the past five years, the applicant will be required to give evidence of completion of a professional nursing refresher program with an approved agency within a one-year period prior to endorsement. The Bd. may consider alternate methods of evaluating current knowledge.
g. Applicants who have not been employed in the profession at any time during the five years immediately prior to application, shall complete instruction approved by the Bd. not more than 6 months prior to reinstatement. A temporary permit may be issued during the 6 month period. Other criteria may be established by the Bd.
h. Applicant must have passed the licensing exam required by this state at the time of graduation.
i. Applicant has passed an examination which is substantially equivalent to the one given in this state.
j. Applicant must speak English.
k. Board may require proof of competence to practice nursing.
l. Those applicants licensed outside the U.S. shall meet all qualifications required by the Bd. and shall pass an exam required by the Bd.
m. Applicant has practiced nursing within the last five years.
n. The applicant must pass the exam acceptable to this state's board on the same date as the test was given in this state. The applicant may still be licensed if the test was on a different date, if the test was given under the same conditions as the exam in this state and the applicant has five out of eight years experience as

an RN immediately preceding the application.

o. The Bd. of Nursing shall register any nurse who is registered in another by examination and holds a diploma from a training school with substantially equivalent standards.

TABLE VII-9

REGISTERED NURSE

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Alabama*	No		
Alaska	Yes	AS 08.68.276	
Arizona*	No		
Arkansas*	No		
California	Yes	Rules 1451	30 hrs/Biennially
Colorado	Yes	CRS 12-38-127.5	20 hrs/Biennially
Connecticut*	No		
Delaware*	No		
Florida	Yes	R 210-13.07	24 hrs/Biennially
Georgia*	No		
Hawaii*	No		
Idaho*	No		
Illinois	No		
Indiana*	No		
Iowa	Yes	IC 590-5.3(152)	15 hrs/Annually
Kansas	Yes	R 60-9-102	5 to 30 hrs (a)
Kentucky	Yes	KRS 314.073	30 hrs/Biennially
Louisiana*	No		
Maine*	No		
Maryland*	No		
Massachusetts	May	Chap 112-74c	
Michigan*	No		
Minnesota	Yes	Rules 6310.2800	30 hrs/Biennially
Mississippi*	Yes		40 hrs/Biennially
Missouri*	No		
Montana*	No		
Nebraska	Yes	R Chap 2-1	20 hrs/Past 5 years (b)
Nevada	Yes	NRS 632.343	30 hrs/Biennially
New Hampshire	No		
New Jersey	No		
New Mexico	Yes	Act VI-B(3)	30 hrs/Biennially
New York*	No		
North Carolina*	No		
North Dakota*	No		
Ohio*	No		
Oklahoma*	No		
Oregon*	Yes		100 hrs/Biennially
Pennsylvania*	No		
Rhode Island*	No		
South Carolina*	No		

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
South Dakota*	No		
Tennessee*	No		
Texas*	No		
Utah*	No		
Vermont	Offered, not required.		
Virginia*	No		
Washington	Yes	WAC 308-120-602	15 hrs/Annually
West Virginia*	No		
Wisconsin*	No		
Wyoming	Yes	R Chap II-12	1600 hrs experience in past 5 years (c)
D.C.*	May		
Puerto Rico			

Source: HPLIS/CSG; December 31, 1984

KEY:

* Information obtained from a November 1984 document and may not be current.
a. Depending upon date license became effective.
b. Or 20 hours of inservice education.
c. Or 500 hours during last two years; or completion of a refresher course; or completion of an orientation program; or completion of a nursing program which leads to a degree, or certification in a specialty area of nursing; or completion of the National Licensure Examination; or 20 hours of continuing education.

NURSE PRACTITIONER

Type of State Regulation Forty-three of the states regulate the practice of nurse practitioner. All of these states require that the nurse practitioner first be licensed as a registered nurse (while one state also allows licensed practical nurses to practice in an expanded role of nursing) before completing additional training required for applying to be designated a nurse practitioner.

Scope of Practice States regulate different specialties of nurse practitioners, for example, the school nurse practitioner and the psychiatric nurse practitioner. Each of these specialties' scopes of practice vary from state to state since not every state regulates every specialty. This report is limited to nurse practitioners. An example of a nurse practioner's scope of practice follows:

> NURSE PRACTITIONER PRACTICE (1) Nurse practitioner practice is the management of primary health care of individuals, families and communities including the ability to:
>
> (a) assess the health status of individuals and families through health history taking, physical examination, and defining of health and development problems; (b) institute and provide continuity of health care to clients (patients), work with the client to insure understanding of and compliance with the therapeutic regime within established protocols, and recognize when to refer the client to a physician or other health care provider.
>
> (c) provide instruction and counseling to individuals, families, groups in the areas of health promotion and maintenance, including

involving such person in planning for their health care, and (d) work in collaboration with other health care providers and agencies to provide, and where appropriate, coordinate services to individuals and families.

Organization of State Regulatory Bodies and Functions Of the 43 states that regulate nurse practitioner, 39 do so through the board of nursing. The other four use a joint board composed of the state's board of nursing and the state's medical board. (See Table VII-10 for full information.)

Twenty-five states specifically mention by statute or regulation that the certifying body is a national certifying agency. The certifying agencies mentioned in statutes include: the American Nurses Association, the American College of Nurse Midwives, the National Board of Pediatric Nurse Practitioners and Associates, the Council on Certification of Nurse Anesthetists, and the Nurses Association of the American College of Obstetricians and Gynecologists Certification Corporation. These organizations each have training and experience requirements which must be met by an individual in order to qualify for certification.

Only one state administers an examination other than the examination given by a national certifying agency. One other state may require an additional examination.

Requirements for Licensure All states provide through law that the applicant may be a graduate of an accredited nurse practitioner program while some states allow alternative training and experience to fulfill the eductional requirements. The most frequent alternative is a master's degree in a nursing clerical specialty. The requirements listed in

Table VII-I0 are those necessary to obtain the basic level of nurse practitioner. Many states recognize specialty areas (e.g., South Carolina recognizes an Acute Care Nurse Practitioner, an Advanced Psychiatric-Mental Health Clinical Nurse Specialist, a Certified Registered Nurse Anesthetist, a Community Health Clinical Nurse Specialist, a Family Nurse Practitioner, a Family Planning Nurse Practitioner, and Occupational Health Nurse Practitioner, a Pediatric Nurse Practitioner, and a School Nurse Practitioner) which require additional or different requirements other than those listed under the generic term "nurse practitioner."

Continuing Education Requirements Fourteen states require that the nurse practitioner either document her continuing competency or satisfy the requisite number of continuing education units in order to maintain state certification as a nurse practitioner.

Fee Schedule The fees listed are required by a state and are in addition to the registered nurse licensure fees.

TABLE VII-10

NURSE PRACTITIONER

STATE	AGENCY, REGULATORY BODY, CERTIFYING AGENCY	EXAM	EDUCATION	FEES	CONTINUING EDUCATION	AUTHORIZATION
Alabama	Bd. of Nursing/a	none	c and BS degree	n/a	b	Rules 610-x-9-.08
Alaska	Bd. of Nursing/a	none	c or d	$25/App.	b/30 hrs.	12 AAC 44.400 et seq.
Arizona	Bd. of Nursing/a	May be required	c or i	$75/App	b	R4-19-53
Arkansas	Bd. of Nursing/a	none	(c or e) & f	$25/App. $10/Ren.	b	ASA 72-754(f)
California	Bd. of Nursing/a	none	c or j	n/a	b	Bus. and Prof. Code 2834
Colorado	Bd. of Nursing/a	none	c	n/a	b	CRS 12-38-103(i)
Connecticut	Nurse Practitioners practice under the Nurse Practice Act. Board regulates as to the amount of direction, protocols available and validation.					
Delaware	Bd. of Nursing/a	none	c	n/a	n/a	DCA 1902(d)
Florida	Bd. of Nursing/a	none	c or e	$100/App. $50/Bi	no more than 30 hrs. may be required	FS 464.012
Georgia	Bd. of Nursing/a	none	c & by	n/a 1990 e	b	Rules 410-12.01
Hawaii	Board of Nursing does not regulate. The state does recognize those nurse practitioners who have been certified by a national agency.					
Idaho	Bd. of Nursing and Bd. of Medicine/a	none	c and BS	$75/App. $15/Bi	60 hrs/Bi	ICA 54-1402(d)
Illinois	Not recognized					
Indiana	Bd. has power to regulate, but they have not exercised that power.					
Iowa	Bd. of Nursing/a	none	e & (c)	$12/App. $12/Ann..	b	ICA 152.1(2)(d)
Kansas	Bd. of Nursing/a	none	c & g	$30/App. $15/Bi	30 hrs/Bi	KSA 65-1113(g)
Kentucky	Bd. of Nursing/a	none	c	$70/App.	b	KRS 314.042

$45/Bi

STATE	AGENCY, REGULATORY BODY, CERTIFYING AGENCY	EXAM	EDUCATION	FEES	CON'T ED	AUTHORIZATION
Louisiana	Bd. of Nursing/a	none	h	n/a	b	RN 3.04
Maine	Bd. of Nursing	none	c	n/a	b	32 MRSA 2153
Maryland	Bd. of Nursing	yes (Board approved)	c	n/a	b	ACM 7-302
Massachusetts	Bd. of Registation in Nursing/a	none	c	n/a	b	244CMR 4.00
Michigan	Bd. of Nursing	none	h	n/a	20 hrs/Ann.	R 338.10408.3
Minnesota	Nurse Practitioners practice in the state. They are not regulated by the Board of Nursing.					
Mississippi	Bd. of Nursing	none	c & k	---	as established by the Board.	MCA 73-15-5(a) & (b)
Missouri	State does not regulate.					
Montana	Bd. of Nursing	none	(l & c) or (e & a)	$25/App. $5/Ann.	b	R 8.32.305(b)
Nebraska	Bd. of Nursing/Bd. of Examiners in Medicine and Surgery/a	none	c & d	$25/App. $20/Renewal	b	NRS 71-1,704 et seq.
Nevada	Bd. of Nursing/a	none	m	$60/App. $30/Renewal	documentation of skill maint.	NAC 632.295
New Hampshire	Bd. of Nursing/a	none	c	$5/license* $2/Bi*	15hrs.	RSA 326-B:10
New Jersey	Bd. of Nursing/a	none	c or e	n/a	b	NJ Bd. of Nursing Guidelines
New Mexico	Bd. of Nursing/a	none	c or e	n/a	70hrs/Bi	Rules Art.IV sec. B
New York	State does not regulate.					
North Carolina	Bd. of Nursing	none	individual review			
North Dakota	Bd. of Nursing	none	c	$50/App. $10/Bi		Rules 54-05-03-06
Ohio	State does not regulate.					
Oklahoma	Bd. of Nursing/a	none	c	$85/App. $20/Bi	b	Rules Art.X sec. 1

STATE	AGENCY, REGULATORY BODY, CERTIFYING AGENCY	EXAM	EDUCATION	FEES	CON'T ED	AUTHORIZATION
Oregon	Bd. of Nursing/a	none	c	$131/App. $39/Bi	100hrs/Bi	ORS .78.375
Pennsylvania	Bd. of Nursing	none	c	n/a	continuing competency	Rules Subchapter E, sec.17.101
Rhode Island	State does not regulate.					
South Carolina	Bd. of Nursing/a	none	c	n/a	n/a	CLSC 40-33-510
South Dakota	Bd. of Nursing & Bd. of Medical & Osteopathic Exam.	none	c	$75 app. $30/2yrs	n/a	SDCL 36-9A-2
Tennessee	Bd. of Nursing	none	c or e	n/a	b	Rules 1000-4.03
Texas	Bd. of Nurse Exam.	none	c	n/a	b	22 TAC 221
Utah	Bd. of Nursing	none	c	n/a	400 practice hours	UCA 58-31-2
Vermont	Bd. of Nursing/a	none	c	n/a	b	Rule N11-03
Virginia	Bd. of Medicine Bd. of Nursing/a	none	c	$25/App. $10/Renewal	b	Regulations I sec. 2
Washington	Bd. of Nursing/a	none	c	$25/App. $20/Ann.	30 hrs/Bi	WAC 308-120-300
West Virginia	Recognized under the Nurse Practice Act but there are no rules established.					
Wisconsin	Board of Nursing is responsible for entry level only. N 10-03(2) allows nurse practitioners to practice beyond the scope of their R.N. license.					
Wyoming	Bd. of Nursing	none	1. c 2. a	$100/App. $50/Bi	1. 60hrs 2. b	Chapter IV

Source: NPLIS/CSG; December 31, 1984

KEY:

* Information taken from a December 1982 document and may not be current.

a Certification by a national agency.

b May be required by the certifying agency.

c Successful completion of a nurse practitioner educational program, which includes didactic and clinical experience.

d A formal course of study which may not offer a degree, or may not include classroom and practical education, but the applicant has performed an expanded role in the health care for at least 12 months during the 18 months preceding 1/13/80.

e Master's degree in a nursing clinical specialty.

f Preceptorship required.

g 1. Complete a course of studies which leads to an advanced degree in nursing or to national certification; or
  2. Complete a program accredited by a national certifying agency recognized by the Bd. of Nursing; or
  3. Complete a program which is individually recognized by the board.

h Completion of a formal advanced program in a nurse practitioner specialty field which meets the guidelines of the U.S. Department of Health, Education and Welfare.

i Individuals may apply with a reasonable substitute course of study of the course requirements are substantially the equivalent to those listed in the Rules and Regulations pertaining to a specialty area.

j A nurse who has not completed a N.P. program which meets the Board standards, shall be able to provide (1) documentation of areas of deficiency in course content and/or divided experience; and (2) verification by a N.P. and by a physician who meet the requirementsfor faculty members specified in Section 1984 (c), of clinical competence in the delivery of primary health care.

k LPN's may also practice in an expanded role upon recommendation by the Director of Nursing Services of employing agency, completion of two full years of clinical nursing in hospital or skilled nursing home, and completion of the applicable program approved by the Mississippi Board of Nursing.

l Complete a Bachelor's degree in nursing.

m Must meet one of the following:
  1. Be a graduate of a program designed to prepare an advanced practitioner, and is approved by the American Nurses Association, the National League of Nurses, or another professional organization recognized by the board, or
  2. Complete a formal one year program designed to prepare nurses for extended practice, or
  3. Hold a current certificate as an advanced nurse practitioner issued by the ANA, or
  4. Equivalent qualifications approved by the board.

CERTIFIED NURSE MIDWIFE

Type of State Regulation Forty-six states regulate the practice of certified nurse midwives. All of these states require that the nurse midwife be licensed as a registered nurse. There are states which recognize lay-midwives, but this survey is limited to certified nurse midwives.

Scope of Practice All states regard the nurse-midwife as a specialty area and identify a scope of practice for nurse-midwifes. An example of the scope of practice for nurse-midwife is taken from Montana:

> NURSE-MIDWIFERY PRACTICE (1) Nurse-midwifery practice is the independent management of care of essentially normal newborns and women, antepartally, intrapartally, postpartally and/or gynecologically. This occurs within a health care system which provides for medical consultation, collaborative management, and referral and is in accord with the "Functions, Standards and Qualifications for Nurse-Midwifery Practice" as defined by the American College of Nurse-Midwives, 1522 K Street NW, Suite 1120, Washington, D.C. 20005.

This statute is representative of states' scope of practice in that the care is limited to normal pregnancies, and the nurse-midwife is given independent management of the patient's care, subject only to her working within a health care system. Montana, like many other states relies in part upon the American College of Nurse-Midwives' "Functions, Standards and Qualifications for Nurse-Midwifery Practice".

Organization of State Regulatory Bodies and Functions Thirty of the states regulate nurse midwifery through the states' board of nursing, five use the medical board, five states use a joint board composed of the states' board of nursing and the states' medical board, two use a nurse-midwifery council, and four more regulate nurse midwifery through the department of health. (See Table VII-11 for full infomation.)

Forty-five states have expressly adopted certification by a national agency as a requirement for practice within their state. The American College of Nurse Midwives is the national agency mentioned by most of the statutes and/or regulations. The Nurses Association of the American College of Obstetricians and Gynecologists was also mentioned as a recognized certifying agency. The importance of these national agencies is apparent in that only four states administer an examination to certify the nurse midwife while the others use the exam administered by one of the two national agencies.

Requirements for Licensure All states require that the applicant for nurse midwife complete an approved nurse midwife program. Four states provide applicants the option of submitting a masters degree which includes education in midwifery as a specialty course of study in lieu of completing a midwife training program.

Continuing Education Requirements Thirteen states require continuing education or skill maintenance in order to renew their state certification.

Fee Schedule The fees for the application and the renewal of the state certification are listed. These fees are in addition to those fees required for a registered nurse.

TABLE VII-11

NURSE MIDWIFE

STATE	AGENCY	EXAM	EDUCATION	FEES	CON'T ED.	AUTHORIZATION
Alabama	Bd. of Nursing/ Bd. of Medical Exam./a	none	c	n/a	none	AC 34-21-2(1)
Alaska	Bd. of Nursing/a	none	a,d	$25/App $25/Renewal	30 CEU's/Bi	12 AAC 44.400 et. seq.
Arizona	Bd. of Nursing/a	yes (e)	c	n/a	none	R 4-19-55
Arkansas	Bd. of Nursing/a Nurse Midwife Cmte. (2 CNM & 2 MD's)	none	a,c	n/a	none	ASA 72-2201
California	Bd. of Regist. Nurses	yes	m	n/a	none	Bus. & Prof. Code 2746
Colorado	Bd. of Nursing/a	none	c	n/a	none	Rules Chapter VII
Connecticut	Midwifery Cmte./a (3 CNM)	none	c	n/a	none	Public Act 83-441
Delaware	Bd. of Nursing/a	none	c	n/a	none	DCA. 1902
Florida	Bd. of Nursing/a	none	c or h	$100 App. $50/Bi	no more than 30 hours/Bi	FS 464.012
Georgia	Bd. of Nursing/a	none	c	$50/App $30/Bi	none	Rules 410-12.03
Hawaii	Dept. of Health/a	none	c	$15 app. $3/1 yr.	b	Pub. Health Reg. Chapt. Six
Idaho	Bd. of Nursing & Bd. of Medicine	none	c	$75 app. $15 renewal	60 hrs.	ICA 54-1402(d)
Illinois	State does not regulate.					
According to the ACNM* the following applies to Illinois;	Dept. of Registration and Education	none	c	n/a	none	111 IRS 3401
Indiana	Medical Licensing Bd/a	none	c	n/a	none	IC 25-22.5-2-7
Iowa	Bd. of Nursing/a	none	c or h	$12 app $12 yrly	15 hrs/Ann	ICA 152.1(2)(d)
Kansas	Bd. of Nursing/a	none	c	$30 app. $15/2 yrs.	30 hrs/Bi	KSA 65-113(g)

STATE	AGENCY	EXAM	EDUCATION	FEES	CON'T ED.	AUTHORIZATION
Kentucky	Bd. of Nursing/a	none	c	$70 app. $45/2 yr	none	KRS 314.042
Louisiana	Bd. of Nursing/a	none	i	n/a	none	RN 3.042
Maine	Bd. of Nursing/a	none	c	n/a	none	32 MRSA 2153
Maryland	Bd. of Examiners of Nurses/a	none	c	n/a	none	MCA 7-601
Massachusetts	Bd. of Registration in Nursing/a	none	c	n/a	none	244 CMR 4.11
Michigan	Bd. of Nursing/a	none	c	n/a	20 hrs/Ann	R 338.10408.2
Minnesota	State does not regulate.					
According to the ACNM* the following applies;	Bd. of Nursing	none	c,g	n/a	RN CEU's	MSA sec. 148.171
Mississippi	Bd. of Nursing/a	none	c	n/a	b/Bd of Nurs. requires 40hrs/Bi	Standards of Practice
Missouri	Bd. of Nursing does not regulate.					
According to the ACNM* the following applies;	Bd. of Nursing	none	no mention	n/a	none	RSMo 335
Montana	Bd. of Nursing/a	none	c	$25/App $5/Ann	none	MCA 37-8-409
Nebraska	Bd. of Nursing and Bd. of Examiners in Medicine & Surgery/a	none	c	$25 App. $10 annually	none	NRS 71-1738
Nevada	Bd. of Nursing	none	c or d	n/a	skill maint.	NAC 632.250
New Hampshire	Bd. of Nursing/a	none	c	n/a	15 hrs yearly	RSA 326.B-10
New Jersey	Bd. of Med. Exam./a	none	c and g	$25 app. $5 annually	none	NJSA 45:10-1
New Mexico	Director of Health Services Division of the Health and Envir. Dept./a	none	c	$15/App $15/Bi	none	NMSA 24-1-3
New York	Dept. of Health/a	none	c	none	Documentation of deliveries.	Pub Health 225
North Carolina	Bd. of Med. Exam. & Bd. of Nursing/a	none	c	$50 app $25 annually	none	NC 90-178.1

STATE	AGENCY	EXAM	EDUCATION	FEES	CON'T ED.	AUTHORIZATION
North Dakota	State does not regulate Certified Nurse Midwives. CNM's practice with the U.S. Air Force.					
Ohio	State Medical Bd./a	none	c	$100 app $5 annually	none	ORCA 4731.01
Oklahoma	Bd. of Nurse Reg. & Nursing Education/a Advisory Cmte. (3 CNM & 1 MD)	none	c	$50 app. $20 renewal	none	59 OS 577.1
Oregon	Bd. of Nursing Advisory Cmte.(3 MD's, 3 Pharmacists & 3 Nurses)	none	c	$131 app. $39 annually	100 hrs/Bi	OAR 851-30-001
Pennsylvania	Bd. of Med. Ed.& Lic.	none	c	$50 app.	none	63 PS 171-176
Rhode Island	Dept. of Health Adv. Counc. of Mid.	yes j,f	c,g	none	k	GSRI 23-13-9
South Carolina	Bd. of Nursing/a	none	c	none	none	SCA 43-33-10 Statements of Determinates
South Dakota	Bd of Nursing/ Bd. of Medical & Osteopathic Examiners	none	c	$75/App $30/Bi	none	SDCL 36-9A
Tennessee	Bd. of Nursing/a	none	1	none	none	BON Rules 1000-4
Texas	Bd. of Nurse Exam.	none	c	none	none	TSA 4518
Utah	Cmte. of CNM (2 CNMs & 1 public)	none	c	none	none	UCA 58-44-1
Vermont	Bd. of Nursing & Bd. of Medical Practice/a	none	c	none	none	VSA 1574(4)
Virginia	Bds. of Nursing & Bd. of Medical Exam./a	none	c	$25 app $10 renewal	none	VC 54-274
Washington	Bd. of Nursing/a	none	c,d	$25/App $20/Bi	30 hrs/Bi	WAC 308-120-300
West Virginia	Bd. of Examiners for Registered Nurses/a	none	a	$20 app $10 renewal	none	WVC 30-15-1
Wisconsin	Bd. of Nursing/a	none	c	$50 app $35 renewal	none	WSA 441.15
Wyoming	Bd. of Nursing/a	none	c	$100 app $50 renewal	60 hrs	Chapt. IV of the Bd. of Nur.Rules

STATE	EXAM	AGENCY EDUCATION	FEES	CON'T ED.	AUTHORIZATION		
D.C.		Bd. of Nursing	none	unclear	n/a	none	DCA 2-1701 et. seq.

Source: HPLIS/CSG; December 31, 1984

KEY:

* ACNM = American College of Nurse Midwives

a American College of Nurse Midwifery or other national agency certification.

b The certifying agency may require.

c Complete an approved certified nurse midwifery program.

d Complete a formal education program which is one academic year in length.

e Board may waive the exam for those holding ACNM certification.

f Nationally recognized exam.

g Complete clinical preparation acceptable to the Board.

h Master's degree in the specialty area.

i 1. Complete a course of studies which leads to an advanced degree in nursing or to national certification; or
  2. Complete a program which is accredited by a national certifying agency recognized by the Board of Nursing; or
  3. Complete a program which is individually recognized by the Board of Nursing.

j A written and/or an oral exam may be used.

k Documentation of the practice of midwifery in previous two years including the performance or supervision of four deliveries, or a refresher course is required.

l Complete a formal educational program of one academic year which prepares the nurse for a specialized practice; or graduation from a program conferring a Master's degree in a nursing clinical specialty area. Both of these programs must require preparation in specialty skills which consist of three quarter hours of pharmacology instruction; or ACNM or NAACOG certification.

m Applicant must: (1) Be a graduate of a board approved program in Nurse-Midwifery, or
(2)(a) Graduate of a program not approved by the board if the deficiencies have been corrected, or
(b) Certification by a national or state agency whose standards are satisfactory to the board, or
(c) The applicant demonstrates clinical competency.

CHAPTER IX

STATE REGULATION OF OCCUPATIONAL THERAPY

OCCUPATIONAL THERAPIST

Type of State Regulation Thirty states and territories regulate occupational therapists through licensure. No other type of state regulation has been enacted. (See Table VIII-1). (Montana is the newest entry into the field of occupational therapy licensure and is not included in this report.)

Scope of Practice The scope of practice of occupational therapy is largely uniform throughout the United States. The Occupational Therapy Association's Model Practice Act offers a representative example:

> "Occupational Therapy" is the use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process in order to maximize independence, prevent disability and maintain health. The practice encompasses evaluation, treatment and consultation. Specific occupational therapy services include: teaching daily living skills; developing perceptual-motor skills and sensory integrative functioning; developing play skills and prevocational and leisure capacities; designing, fabricating, or applying selected orthotic and prosthetic devices or selective adaptive equipment; using specifically designed crafts and exercises to enhance functional performance; administering and interpreting tests such as manual muscle and range of motion; and adapting environments for the handicapped. These services are provided individually, in groups,

or through social systems.

There is no substantial difference between the states in the manner in which their occupational therapists practice. This uniformity is possible in large part due to the national association's efforts in developing a model practice Act before many states passed licensure statutes.

Organization of State Regulatory Bodies and Functions Occupational therapy is regulated by diverse structures across the states (see Table VIII-2). Nineteen states have a board of occupational therapy, five states regulate occupational therapy through medical boards, five states have combined boards such as physical and occupational therapy, and one state regulates by an administrator. The size and make-up of the various structures is set out in Table VIII-2. Only two boards are made up exclusively of occupational therapists, while twenty-one states have public members on the boards.

Most of the states reserve to the board the power to issue licenses and promulgate rules and regulations. About half the states give the boards the power to accredit or approve educational programs, while the other states recognize educational programs approved by the American Occupational Therapy Association or the American Medical Association. (See Table VIII-3).

All of the boards have the power to suspend and revoke a practitioner's license, and most can probate the license. Few other sanctions are available to boards. For a complete list of sanctions by state, see Table VIII-4.

All of the states use the AOTA Certification Examination administered by Assessment Systems, Inc. (See Table VIII-5).

Requirements for Licensure All states require that the applicant satisfactorily complete an accredited occupational therapist educational program. In addition, to this all of the states require a six-month internship. Most states require that the applicant be of good moral character. Few states have an age requirement. (See Table VIII-6).

Continuing Education Requirements Only seven states require continuing education credits as a condition of license renewal while fourteen states have passed enabling legislation for continuing education. (See Table VIII-9).

Interstate Recognition of Credentials Most states (i.e. 22) endorse licensed occupational therapists from other states which have substantially equivalent licensure requirements. (See Table VIII-8).

Fee Schedule Fee levels for six types of fees are shown in Table VIII-7.

TABLE VIII-1

OCCUPATIONAL THERAPIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Arkansas	Licensure	Med.Prac.Act Reg.6.3
Connecticut	Licensure	CGS 20-376a-74b
Florida	Licensure	FS 468.207
Georgia	Licensure	OCG 43-28.8
Illinois	Licensure	111 IRS 3703
Iowa	Licensure	IC 148B.2
Louisiana	Licensure	RS 37:3005
Maine	Licensure	32 MRSA 2276
Maryland	Licensure	ACM 9-301
Massachusetts	Licensure	ALM 112-23B
Nebraska	Licensure	RS 71-6104
New Hampshire	Licensure	RSA 326-C:2
New Mexico	Licensure	NMSA 61-12A-3
New York	Licensure	CLNYA 156.7902
North Carolina	Licensure	GSNC 90-270.67(2)
North Dakota	Licensure	NDCC Section 2
Ohio	Licensure	ORCA 4755.07
Oklahoma	Licensure	59 OS 888.3
Oregon	Licensure	ORS 675-230
Pennsylvania	Licensure	Act 1982-140 section 6
Rhode Island	Licensure	GLRI 5-40.1-6
South Carolina	Licensure	CLSC 40-36-30
Tennessee	Certification*	TCA 210
Texas	Licensure	TCS 8851.2(2)
Utah	Licensure	UCA 58-42-4
Washington	Licensure	RCW 18.59.030
West Virginia	Licensure	WVC 30-28-4
D.C.	Licensure	DCCA 2-1705.3
Puerto Rico	Licensure	Act No. 137 section 2

Source: HPLIS/CSG; December 31, 1984

* Although this is designated in the state law as certification, according to this study's definition of licensure, certification and registration, it is in effect licensure.

TABLE VIII-2

OCCUPATIONAL THERAPIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NO. OF BOARD MEMBERS				
STATE	NAME OF BOARD & DEPARTMENT	PROF.	PUB.	OTH.	TOTAL	CITATION
Arkansas	O.T. Examining Committee Ark.St.Medical Board	4	1	0	5	Act 72-1904
Connecticut	Commissioner of Health Services Division of Medical Quality Assurance Dept of Health Services					
Florida	Occupational Therapist Council Bd. of Medical Examiners	All	0	0	?	FS 468.205
Georgia	State Board of Occupational Therapy	5	1	0	6	OCG 43-28-4
Illinois	Illinois Occupational Therapy Bd. Dept of Registration and Education	3	1	3b	7	111 IRS 3705
Iowa	Bd.of P.T.& O.T. Examiners Dept. of Health	5i	2	0	7	IC 470-138.200
Louisiana	St. Bd. of Medical Examiners Dept. of Health & Human Resources	0	0	7f	7	RS 37:1263
Maine	Bd of Occupational Therapy Practice Dept of Bus., Occ. & Pro. Regulation	3	1	1a	5	32 MRSA 2273
Maryland	State Bd of Occ Therapy Practice Dept. of Health & Mental Hygiene	3	1	1a	5	ACM 9-202
Massachusetts	Bd. of Allied Health Professions	10j	1	0	11	
Nebraska	Bd. of Occupational Therapy Practice Dept. of Health	3	1	0	4	R.S.N.71-6115
New Hampshire	Advisory Committee Bd. of Registation in Medicine	2	0	2e	4	RSA 326-c:12
New Mexico	Bd. of Occupational Therapy Practice	4	1	0	5	61-12A-5 NMSA

STATE	NAME OF BOARD AND DEPARTMENT	NO. OF BOARD MEMBERS				CITATION
		PROF.	PUB.	OTH.	TOTAL	
New York	St. Bd. for Occupational Therapy State Education Department	7	0	2g	9	CLNYA 156.7903
North Carolina	Board of Occupational Therapy	3	1	2h	6	GSNC 90-270.68
North Dakota	Bd. of Occupational Therapy Practice	4	0	1a	5	NDCC Sec. 4
Ohio	Ohio Occupational Therapy and Physical Therapy Board(see c)	4	1	0	5	ORC 4755.03
Oklahoma	O.T. Advisory Committee Bd. of Medical Examiners	3	1	1a	5	59 OS 888.12
Oregon	Occupational Therapy Licensing Bd Health Division	3	2	0	5	ORS 675.310
Pennsylvania	St Bd of Occ Therapy Ed and Licensure Bureau of Prof & Occupational Affairs of the Dept of State	5	2	0	7	Act 1982-140 Sec. 4
Rhode Island	Bd of Occupational Therapy Practice State Dept. of Health	3	1	1	5d	GLRI 5-40.1-4
South Carolina	Bd. of Occupational Therapy	3	1	1a	5	CLSC 40-36-60
Tennessee	St. Bd. of Occ. & P.T. Examiners	3	1	3	7	TCA 63-13-103
Texas	Advisory Bd. of O.T. Texas Rehabilitation Commission	3	2	1a	6	TCS 8851.3
Utah	Bd of Occupational Therapy Practice Dept. of Business Regulation	5	0	0	5	UCA 58-42-14
Washington	Bd of Occupational Therapy Practice Dept. of Licensing	3	1	1a	5	RCW 18.59.120
West Virginia	Bd. of Occupational Therapy	3	1	1a	5	WVC 30-28-5
D.C.	Bd. of O.T. Practice Dept. of Consumer & Regulatory Affairs	4	2	1a	7	DCCA 2-1705.5

		NO. OF BOARD MEMBERS				
STATE	NAME OF BOARD AND DEPARTMENT	PROF.	PUB.	OTH.	TOTAL	CITATION
Puerto Rico	Bd of Examiners of Occupational Therapy Div of Bds of Examiners of the Dept of State	4	0	1a	5	Act 137 sec 3

Source: HPLIS/CSG; December 31, 1984

KEY:

a Occupational Therapy Assistant
b One licensed physician and two certified occupational therapy assistants
c Total of ten on Board; five on O.T. section and five on P.T. section
d Physician licensed in state
e One O.T. assistant and one physician
f All members shall be graduate physicians or surgeons and practitioners
g One physician and one hospital administrator.
h One Occupational Therapist Assistant and one licensed physician who specializes in Othopedic medicine.
i Three physical therapists and two occupational therapists.
j Three athletic trainers, two occupational therapists, two physical therapists, one occupational assistant, one physical therapist's assistant and one physician.

TABLE VIII-3

OCCUPATIONAL THERAPIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	ACCREDIT EDUCATION	PROMULGATE REGULATIONS
Arkansas	Committee	AMA+AOTA	Medical Board
Connecticut	Department	AOTA	Commissioner of Health Services
Florida	Board		Bd/AMA+AOTA
Georgia	Board		Bd/AMA+AOTA
Illinois	Department	Department	Department
Iowa	Board		Bd/AMA+AOTA
Louisiana	Board		Board
Maine	Board	Bd/AMA+AOTA	Board
Maryland	Board	Bd/AMA+AOTA	Board
Massachusetts	Board		Board
Nebraska	Department	Dept/AMA+AOTA	Department
New Hampshire	Comm/Bd		Board
New Mexico	Board		Board
New York	Bd/Dept		Department
North Carolina	Board	Board	Board
North Dakota	Board	Board	Board
Ohio	Board	OT Sec of Bd	Board
Oklahoma	Board	Bd/AMA+AOTA	Board
Oregon	Board	Board	Board
Pennsylvania	Board	Bd/AOTA	Board
Rhode Island	Board	Bd/AMA+AOTA	Board
South Carolina	Board	Bd/AMA+AOTA	Board
Tennessee	Committee	Comm/AMA+AOTA	Board
Texas	Board	Board	Board
Utah	Board	Board	Board
Washington	Board	Board	Board
West Virginia	Board	Bd/AMA+AOTA	Board
D.C.	Board	Board	Board
Puerto Rico	Board	*	Board

Source: HPLIS/CSG; December 31, 1984

KEY:

AMA - American Medical Association
AOTA - American Occupational Therapy Association
* - Education in P.R. accredited by the Council of Higher Education of the University of P.R. Education outside of P.R. accredited by the AMA in collaboration with the AOTA.

TABLE VIII-4

OCCUPATIONAL THERAPIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Arkansas	Act 72-1914	x	x						
Connecticut	CGS 20-376a-74g	x	x				x		
Florida	FS 468.217	x	x				x		
Georgia	OCG 43-28-13	x	x				x		
Illinois	111 IRS 3719	x	x		x	x	x		a
Iowa	IC 470-138.212	x	x				x		
Louisiana	RS 37:3011	x	x				x		
Maine	32 MRSA 2276.3	x	x						b
Maryland	MCA 9-314	x	x		x	x			
Massachusetts	ALM 112-23K	x	x	x		x	x		a
Nebraska	RSN 71-6111	x	x						a
New Hampshire	RSA 326-C:9	x	x				x		
New Mexico	NMSA 61-12A-11	x	x				x		
North Carolina	GSNC 90-270.76	x	x				x		
North Dakota	NDCC 16.2	x	x				x		
Ohio	ORCA 4755.10	x	x						
Oklahoma	59 OS 888.9	x	x		x		x		
Oregon	ORS 675.300	x	x				x		
Pennsylvania	PS 140 sec 16	x	x				x		
Rhode Island	GLRI 5-40.1-14	x	x				x		
South Carolina	CLSC 40-36-160	x	x				x		
Tennessee	TCA 63-13-207	x	x						a

STATE	CITATION	SUSPEND	REVOKE	LICENSE	CENSURE	RESTRICT REPRIMAND	PROBATION	FINE	OTHER
Texas	TCSA 8851.30	x	x						a
Utah	UCA 58-42-10	x				x			
Washington	RCW 3074 sec 11	x	x					x	
West Virginia	WVC 30-28-13	x	x					x	
D.C.	DCCA 2-1705.12	x	x					x	
Puerto Rico	137 sec 10				x	x			

Source: HPLIS/CSG; December 31, 1984

KEY:

x Board has the power.
a. May take other disciplinary action.
b. May modify license.

TABLE VIII-5

OCCUPATIONAL THERAPIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Arkansas	x			Act 72-190
Connecticut	x			CGS20-376a-74
Florida	x			FS 468.211
Georgia	x			OCG 43-28-10
Illinois	x			111 IRS 3707
Iowa	x			ICA 138.206
Louisiana	x			LRS 37:3007
Maine	x			32 MRSA 2280
Maryland	x			MCA 9-305
Massachusetts	x			ALM 112-23G
Nebraska	x			RSN 71-608(2)
New Hampshire	x			NHRSA 326-C:4
New Mexico	x			61-12A-13 NMSA
New York	x			CLNYA 156.7904
North Carolina	x			GSNC 90-270.71
North Dakota	x			NDCC 11.2
Ohio	x			ORCA 4755.06
Oklahoma	x			59 OS 888.7
Oregon	x			ORS 675.260
Pennsylvania	x			Act '82-140.11
Rhode Island	x			GLRI 5-40.1-10
South Carolina	x			R 36.11
Tennessee	x			TCA 63-13-202
Texas	x			TCSA 8851.17
Utah	x			UCA 58-42-7
Washington	x			RCW 18.59.060
West Virginia	x			WVC 30-28-9
D.C.	x			DCCA 2-1705.8
Puerto Rico				

Source: HPLIS /CSG; December 31, 1984

KEY:

x All of the states use the AOTA Certification Examination, administered by Assessment Systems, Inc.

TABLE VIII-6

OCCUPATIONAL THERAPIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
Arkansas	Act 72-1907	x	6 mos.	a		18	yes	
Connecticut	CGS20-376a-74b	x	6 mos.	a	yes			
Florida	FS 468.209	x	6 mos.	a	yes			
Georgia	OCG 43-28-9	x	6 mos.	a	yes			
Illinois	111 IRS 3708	x	6 mos.		yes		yes	
Iowa	ICA 148B5	x	6 mos.		yes			
Louisiana	LRS 37:3006	(b)		a				
Maine	32 MRSA 2279	x	6 mos.		yes			no
Maryland	ACM 9-302	x	6 mos.	a	yes	18		
Massachusetts	ALM 112-23G	x	(c)					
Nebraska	RS 71-606	x	6 mos.		yes			no
New Hampshire	RSA 326-C:3	x	6 mos.	a	yes	18		
New Mexico	NMSA 61-12A-13	x	6 mos.	a				
New York	CLNYA 156.7904	x	6 mos.	a	yes	21	no	
North Carolina	GSNC 90-270	x	6 mos.	a	(d)			
North Dakota	NDCC Sec. 8	x	6 mos.	a	yes			
Ohio	ORCA 4755.06	x	6 mos.	a	yes			
Oklahoma	59 OS 888.6	x	6 mos.	a				
Oregon	ORS 675.240	x	6 mos.		yes			
Pennsylvania	Act 1982-140-8	x	6 mos.	a				
Rhode Island	GLRI 5-40.1-8	x	6 mos.	a	yes			
South Carolina	CLSC 40-36-120	x	6 mos.	a	yes			
Tennessee	TCA 63-13-202	x	6 mos.	a				
Texas	TCA 885.16	x	6 mos.	a				no
Utah	UCA 58-42-6	x	6 mos.	a	yes			
Washington	WAC308-171-300	x	6 mos.	a	yes			
West Virginia	WVC 30-28-8	x	6 mos.	a				
D.C.	DCCA 2-1705.7	x	6 mos.	a	yes			
Puerto Rico	Act 137-5	**					yes	

Source: HPLIS/CSG; December 31, 1984

KEY:

1 An Internship is defined as a supervised work experience.
x Successful completion of an accredited occupational therapy educational program approved by the board.
a Good moral behavior
b Has successfully completed the academic and supervised field work experience

requirements to sit for the "Certification Examination for Occupational Therapist, Registered"

c As stipulated in the accredited educational program (which is six months).

d Must file an application before September 1, 1985

** O.T. program accredited by the Council of Higher Education of the University of Puerto Rico or by the American Medical Association or American Occupational Therapy Association.

TABLE VIII-7

OCCUPATIONAL THERAPIST

SCHEDULE OF FEES

STATE	APP.	EXAM*	RENEWAL	TEMP	DUP	RECIPROCAL
Arkansas	$50		$3/An	$5		$50
Connecticut	$25b	$15	$25/Bi			$50
Florida**			$20/Bi			
Georgia	$60		$50/Bi		$15	
Illinois	$25	c	$20/An		$10	$50
Iowa	$55		$55		$10	
Louisiana	$50a	$25ab	$25a/An	$25a		$75a
Maine	$80		$80/Bi	$25		
Maryland						
Massachusetts						
Nebraska		$100a	$80a/Bi	$25	$5	$80a
New Hampshire	$25ab	$50a	$25a/An			
New Mexico	$75ba					
New York		$80	$60/Bi			$65e
North Carolina		$10a	$100a	$50/An		
North Dakota	$40b	d/An				
Ohio	$100a	$50a	$25a/Bi			
Oklahoma	$50a		$20a/An			
Oregon	$50a+b	$100a	$50a/An			$50
Pennsylvania						
Rhode Island	$50		$20/Bi			
South Carolina			$75	$20/An	$35	$5
Tennessee	$100a	$100a	$100a			$100a
Texas	$10	$100b	$100/An	$9 mo.		
Utah	$10a	$50a	$10a/An			$25a
Washington						
West Virginia						
D.C.						
Puerto Rico		$15				

Source: HPLIS/CSG; December 31, 1984

KEY:

* The AOTA has informed this study that none of the states collect the exam fee. This fee of $100 is payed directly to the Assessment Sytems, Inc. which then administers the exam.

** This information is taken from a December 1982 document and may not be current.

a Not to exceed

b Licensure fee

c Fee may be required

d Shall not exceed the initial licensure fee

e For initial licensure fee for persons not required to take exam

TABLE VIII-8

OCCUPATION THERAPIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Arkansas	Reciprocity	a+b	Act 72-1912
Connecticut	Endorsement	a or e or f	CGS 376a-20-74c
Florida	Endorsement	a or e or f	FS 468.213
Georgia	Endorsement	a or e or f	OCG 43-28-11
Illinois	Endorsement	a	111 IRS 3713
Iowa	Endorsement	a or f	IC 148.B6
Louisiana	Reciprocity	a+b	RS 37:3008B
Maine	Endorsement	g	32 MRSA 2281
Maryland	Endorsement	a or e or f	ACM 9-306
Massachusetts			
Nebraska	Endorsement	a	RS 71-6109(3)
New Hampshire	Endorsement	a or d	RSA 326-C:5
New Mexico	Endorsement	a	NMSA 61-12A-14.
New York			
North Carolina	Endorsement	a	GSNC 90-270.72
North Dakota	Endorsement	a or e or f	NDCC Sec. 12.2
Ohio	Endorsement	a	ORCA 4755. 08
Oklahoma	Endorsement	h	Rule 2
Oregon	Endorsement	a or i	ORS 675.270
Pennsylvania	Endorsement	a or i	Act 1982-140sec 12
Rhode Island			
South Carolina	Endorsement	a	CLSC 40-36-140
Tennessee	Endorsement	a	TCA 63-13-212
Texas	Endorsement	a	TCSA 8851.18
Utah			
Washington	Endorsement	a	RCW 18.59.070(2)
West Virginia	Endorsement	a	WVC 30-28-10
D.C.	Endorsement	a	DCCA 2-1705.9(b)
Puerto Rico	Reciprocity	c	Act 137 sec 6

Source: HPLIS/CSG; December 31, 1984

KEY:

a License may be granted to a person licensed in another state, provided that the other state's requirements are substantially equivalent to those of this state.

b State will grant license only if applicant's state reciprocates.

c The Board will establish reciprocity relations directly with individual states or countries through the conditions and requirements it may deem necessary.

d Applicant has passed a qualifying examination.

e In CT, if certified by the AOTA as an Occupational Therapist Registered (OTR), on or before 7/1/79.
In FL, if prior to effective date of Occupational Therapy Act.
In GA, if prior to 7/1/76.
In MD, if prior to 7/1/79.
In ND, if prior to 7/1/83.

f In CT, if certified by the AOTA as an OTR after 7/1/79, license MAY be granted without an examination, if the Board considers the requirements for such certification equivalent to the requirements of this Act.
In FL if after effective date of Occupational Therapy Act.
In GA if after 7/1/76.
In IA if PRIOR to 1/1/81.
In MD if after 7/1/79.
In ND if after 7/1/73.

g If prior to 4/12/84, applicant has successfully completed an exam administered by the Psychological Corp. under contract with the AOTA, and meets the requirements of this state.

h If licensed by examination in another state, District of Columbia, or Puerto Rico, provided exam was that of the AOTA or any other group approved by the Board. If applicant has not practiced as an OT during the year prior to application, a personal interview may be required.

i Meets the requirements of this act and is currently certified as an OTR by the AOTA.

TABLE VIII-9

OCCUPATIONAL THERAPIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	CITATION	Extent of Education
Arkansas	May	Reg. 6.3(5)	Established by Commissioner
Connecticut	Yes	CGS 20-376a-74h	
Florida	No		
Georgia	May	OCG 43-28-14	**
Illinois	No		
Iowa	Yes	R 470-138.210	30 hrs. per biennium
Louisiana	Yes	LRS 37:3012B	Established by Bd.
Maine	Yes	32 MRSA 2283.3	Evidence of cont. competencies
Maryland	Yes	ACM 9-311	**
Massachusetts	May	ALM 112-23B	
Nebraska	No		
New Hampshire	May	RSA 326-C.7	**
New Mexico	Yes	R Sec. 3	10 hrs. per year (a)
New York	No		
North Carolina*	No		
North Dakota	May	NDCC 15.2	**
Ohio	No		
Oklahoma	May	590 OS 888.10(c)	**
Oregon	May	ORS 675.320(12)	**
Pennsylvania	May	Act 1982-140s15	**
Rhode Island	May	GLRI 5-40.1-12(a)	**
South Carolina	May	CLSC 40-36-170	**
Texas	Yes	40 TAC 379	
Tennessee*	No		
Utah	May	UCA 58-42-12	Bd. can require evidence of
Washington	May		Bd. can require evidence of
West Virginia	May	WVC 30-28-12	**
D.C.	May	DCCA 2-1705.13	**

Source: HPLIS/CSG; December 31, 1984

KEY:

* This information was taken from a November 1984 document and may not be current.

** The Board has the power to establish continuing education requirements.

a Will increase to 20 hours beginning with license renewal in 1987.

CHAPTER X

STATE REGULATION OF PHYSICAL THERAPY

PHYSICAL THERAPIST

Type of State Regulation The District of Columbia, Puerto Rico and all but two states regulate physical therapists through licensure. The other two states regulate the profession through registration. (See Table IX-1).

Scope of Practice The scope of practice of physical therapy is largely uniform throughout the United States. An example of a physical therapy scope of practice is taken from New York:

> Physical therapy is defined as;
>
> a. The evaluation, treatment or prevention of disability, injury, disease, or other condition of health using physical, chemical, and mechanical means including, but not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization, and therapeutic exercise with or without assistive devices, and the performance and interpretation of tests and measurements to assess pathophysiological, pathomechanical, and developmental deficits of human systems to determine treatment, and assist in diagnosis and prognosis.
>
> b. The use of roentgen rays or radium, or the use of electricity for surgical purposes such as cauterization shall not be included in the practice of physical therapy.
>
> c. Such treatment shall be rendered pursuant to a referral which may be directive as to treatment by a licensed physician, dentist or podiatrist and in accordance with their diagnosis.

Organization of State Regulatory Bodies and Functions Physical therapists are regulated by a diverse set of structures across the states. Thirty-two jurisdictions utilize a physical therapy board or committee; three states have combined boards, for example physical therapy and occupational therapy boards; and thirteen states regulate physical therapists either by the medical board or a subcommittee. In most of the states (i.e. 37 states) physical therapists comprise a majority of the board. Public members sit on boards in 31 states. For a more detailed discussion of the makeup of the boards see Table IX-2.

The board is the primary agency in most states that issues the license and promulgates rules and regulations although in fifteen states the medical board or agency administrator does so. (See Table IX-3).

There are several organizations, either in conjunction with or independent of the board, which approve or accredit educational programs. These include the American Physical Therapy Association, and the American Medical Association. Several state laws specify only that accreditation be done by an agency recognized by the Department of Education, or the Council on Post-Secondary Education. See Table IX-3 for a breakdown on which agency is used by the individual states.

All of the regulatory bodies have the power to revoke or suspend a practitioner's license. Approximately 25% of the states boards are allowed to reprimand and probate a practitioner as well. Other sanctions available are specified in Table IX-4.

All states require a written examination prepared by the Professional Examination Service before a license can be issued. Few states require an oral or practical examination. (See Table IX-5).

Requirements for Licensure All states require that the applicant be a graduate of an accredited physical therapy educational program. Most require the applicant be of good moral character, and less than half have minimum age requirements. (See Table IX-6).

Continuing Education Requirements Five states require continuing education. Table IX-9 shows the extent of continuing education credits required as a prerequisite to license renewal.

Interstate Recognition of Credentials Nearly all jurisdictions endorse the license of an out of state practitioner once certain conditions have been met. Only four states provide for reciprocity while one jurisdiction has no provisions for reciprocity or endorsement. (See Table IX-8).

Fee Schedule Fee levels for six types of fees are shown in Table IX-7.

TABLE IX-1

PHYSICAL THERAPIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Alabama	Registration*	CA 34-24-10
Alaska	Licensure	AS 08.84.150
Arizona	Licensure	ARS 32-2041
Arkansas	Registration*	AS 72-1313
California	Licensure	Bus. & Prof. Code 2630
Colorado	Licensure	CRS 12-31-119
Connecticut	Licensure	CGSA Sec. 20-73
Delaware	Licensure	DCA 2605
Florida	Licensure	FS 486.028
Georgia	Licensure	OCG 43-33-11
Hawaii	Licensure	HRS 321-13
Idaho	Registration*	IC 54-2202
Illinois	Licensure	111 IRS 4202
Indiana	Licensure	IC 25-27-1-2
Iowa	Licensure	IC 148A4
Kansas	Registration	KSA 65-2913
Kentucky	Licensure	KRS 327.010.2
Louisiana	Licensure	RS 2402
Maine	Licensure	32 MRSA 3113
Maryland	Licensure	ACM 13-301
Massachusetts	Licensure	ALM 112-23A
Michigan	Licensure	ACT 368-17820
Minnesota	Registration	MSA 148.71
Mississippi	Licensure	MCA 73-23-35
Missouri	Licensure	RSMo 334.510
Montana	Licensure	MCA 37-11-301
Nebraska	Licensure	RS 71-2803
Nevada	Licensure	NRS 640.169
New Hampshire	Registration*	RSA 328-A:2
New Jersey	Licensure	NJSA 45:9-37.19
New Mexico	Licensure	NMSA 61-12-1
New York	Licensure	CLNYA 6732
North Carolina	Licensure	GSNC 90-270.35
North Dakota	Registration*	NDCC-43-26-13
Ohio	Licensure	ORCA 4755.02

STATE	TYPE	CITATION
Oklahoma	Licensure	OS 887.3:
Oregon	Licensure	ORS 688.020
Pennsylvania	Licensure	63 PS 1304
Rhode Island	Licensure	GLRI 5-40-9
South Carolina	Registration*	CLSC 40-45-100
South Dakota	Licensure	SDCL 36-10-24
Tennessee	Licensure	TCA 63-13-301
Texas	Licensure	TCSA 4512e.7
Utah	Licensure	UCA 58-24-5
Vermont	Licensure	26 VSA 2-82
Virginia	Licensure	CV 54-295.6
Washington	Licensure	RCW 18.74.090
West Virginia	Licensure	WVC 30-20-3
Wisconsin	Licensure	WSA 448.02
Wyoming	Registration*	WS 33-25-102
D.C.	Registration*	DCCA 2-1703.3
Puerto Rico	Licensure	Act, Section 2

Source: HPLIS/CSG; December 31, 1984

*Although this is designated in the state law as registration, according to this study's definition of licensure, certification and registration, it is in effect licensure.

TABLE IX-2

PHYSICAL THERAPY BOARDS

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL	CITATION
Alabama	Bd. of Physical Therapy	3	0	0	3	CA 34-24-19
Alaska	State Physical Therapy Board	3	1	1[c]	5	AS 08.84.01
Arizona	Bd.of Physical Therapy Examiners	3	2	0	5	ARS 32-2002
Arkansas	St. Examining Comm. for Phy. Therapists/St. Med. Board	5	0	0	5	AS 72-1319
California	Physical Therapy Ex. Cmte. Bd. of Med. Quality Assurance	3	3	0	6	B&P Code 26
Colorado	State Board of Physical Therapy	3	2	0	5	CRS 12-41-10
Connecticut	Bd. of Examiners for Phys. Therapists Dept. of Health Services	2	2	1[c]	5	CGS 20-67
Delaware	St. Exam. Bd. of Physical Therapy	3	1	1[d]	5	DCA 2603
Florida	Physical Therapy Council Bd. of Medical Examiners	3	0	0	3	FS 486.025
Georgia	State Board of Physical Therapy	5	1	0	6	OCG 43-33-6
Hawaii	Dept. of Health	-	-	-	-	---------
Idaho	Physical Therapy Advisory Committee State Bd. of Medicine	3	0	0	3	IC 54-2209
Illinois	Physical Therapy Examining Committee Dept. of Registration & Education	5	0	0	5	111 IRS 4206
Indiana	St. Exam. Cmte. for Phy. Therapists St. Bd. of Med. Regis. & Examination	3	0	1[e]	4	IC 25-27-1-4
Iowa	Bd. of Phys. & Occ. Therapy Examiners Dept. of Health	3	2	2	7	ICA
Kansas	St.Examining Cmte. for Phys. Therapy State Bd. of Healing Arts	3	0	2[f]	5	KSA 65-2903
Kentucky	St. Board of Physical Therapy	3	1	1	5	KRS 327.030
Louisiana	St. Bd. of Medical Examiners Dept. of Health & Human Resources	0	0	7[b]	7	RS 37:1263

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS				CITATION
		PROF.	PUB.	OTHER	TOTAL	
Maine	Bd. of Examiners in Physical Therapy	2	1	2[c,d]	5	32 MRSA 3112
Maryland	St. Bd. of Physical Therapy Examiners	5	1	0	6	ACM 13-202
Massachusetts	Bd. in Allied Health Professions					
Michigan	St. Bd. of Physical Therapy Dept. of Licensure & Regulation	5	2	0	7	PH Code 17821
Minnesota	Physical Therapy Council St. Bd. of Medical Examiners	3	1	3[a]*	7	MS 148.67
Mississippi	Mississippi Physical Therapy Board	3	1	2[c]	6	MCA 73-23-41
Missouri	St. Bd. for Registration of the Healing Arts/Dept. of Consumer Affairs, Regulation & Licensing	0	1	7[a]	8	RSMo 334.120
Montana	Bd. of Physical Therapy Examiners Dept. of Commerce	3	0	0	3	MCA 2-15-1858
Nebraska	Bd. of Examiners in Phys. Therapy Dept. of Health	3	1	0	4	
Nevada	St. Bd. of Physical Therapy Examiners	4	1	0	5	NRS 640.030
New Hampshire	Bd. of Registration in Medicine	2	0	2[c,d]	4	RSA 328-A:16
New Jersey	St. Bd. of Physical Therapy Dept. of Law & Public Safety	6	2	3[g]	11	NJSA 45:9-3715
New Mexico	Physical Therapists' Licensing Bd.	4	1	0	5	NMSA 61-12-1
New York	St. Bd. for Physical Therapy St. Education Department	8	1	0	9	CLNY 6733
North Carolina	Bd. of Physical Therapy Examiners	4	1	3[h]	8	GSNC 90-270.25
North Dakota	St. Exam. Cmte. for Phy. Therapists	3	1	2[c]	6	NDCC 43-26-04
Ohio	Physical Therapy Section	3	1	1[i]	5	ORCA 4755.03
	Occ. Therapy and Phys. Therapy Bd.	3	2	5	10	ORCA 4755.03
Oklahoma	Physical Therapy Cmte. St. Bd. of Medical Examiners	3	0	0	3	OS 8874
Oregon	Physical Therapist Licensing Board	5	0	1[j]	6	ORS 688.160
Pennsylvania	St. Bd. of Phys. Therapy Examiners					63 PS 1302
Rhode Island	Board of Physical Therapy Dept. of Health	3	1	1[c]	5	GLRI 5-40-3

STATE	NAME OF BOARD & DEPARTMENT	PROF.	PUB.	OTHER	TOTAL	CITATION
South Carolina	St. Bd. of Phys. Therapy Examiners	3	1	1[d]	5	CLSC 40-45-30
South Dakota	Physical Therapy Subcommittee	3	0	0	3	
	SD State Bd. of Medical and Osteopathic Examiners	4	1	0	6	
Tennessee	St.Bd. of Occ. & Phys.Ther.Examiners	3	1	3[k]	7	TCA 63-13-103
Texas	Bd. of Physical Therapy Examiners	6	3	0	9	TCSA 4512e.2
Utah	Rep. Comm. for Physical Therapists Dept. of Business Regulation	3	0	0	3	UCA 58-24-4
Vermont	"The Appeals Panel" Office of the Secretary of State	2	0	0	2	26 VSA 2092
Virginia	Advisory Committee on Physical Therapy VA State Board of Medicine	5	0	0	5	VC 54-295.2
Washington	State Board of Physical Therapy Dept. of Licensing	4	1	0	5	RCW 18.74.020
West Virginia	Bd. of Physical Therapy	5	0	0	5	WVC 30-20-4
Wisconsin	Phy. Therapists Ex. Council Med. Examining Board Dept. of Registration & Licensing	3	0	0	3	WSA 15-407
Wyoming	Bd. of Physical Therapy	2	0	1[c]	3	WS 33-25-103
D.C.	Phy. Therapists' Examining Bd. Dept. of Consumer & Reg. Affairs					
Puerto Rico	Board of Physical Therapy	4	1	0	5	T. 20, s.260

Source: HPLIS/CSG; December 31, 1984

Key:

a. Licensed and registered physicians and surgeons.
b. Graduate physicians or surgeons and practitioners.
c. Physician licensed to practice in this state.
d. Physical therapist assistant.
e. Licensed physician who is, if possible, a physiologist.
f. Physician licensed to practice medicine and surgery; and the secretary of the state board of healing arts.
g. A state executive department member; a hospital administrator; and a physician licensed to practice medicine and surgery.
h. One medical doctor and two physical therapy assistants.
i. Physician licensed to practice medicine and surgery in this state.
j. An orthopedic surgeon who serves without the right to vote.
k. Occupational therapists.

TABLE IX-3

PHYSICAL THERAPIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAM	PROMULGATE REGULATIONS
Alabama	Board	Board	Board
Alaska	Department	APTA or AMA	Department
Arizona	Board	Board/APTA	Board
Arkansas	Board	APTA	Committee/Board
California	Committee/Board	Committee	Committee/Board
Colorado	Board	Board/APTA	Board
Connecticut	Department Director	Board	Department Director
Delaware	Board	USE/CPSE	Board
Florida	Board	Board/USE/CPSE	Board
Georgia	Board	Board	Board
Hawaii	Department	USE/CPSA	Department
Idaho	Board	Board/USE/CPSE	Medical Board
Illinois	Department	Department	Department
Indiana	Board	Board	Committee/Board
Iowa	Board	Board/USE/CPSE	Board
Kansas	Medical Board	Board	Medical Board
Kentucky	Board	Board	Board
Louisiana	Board	Board	
Maine	Board	Board/USE/CPSE	Board
Maryland	Board	APTA or AMA	Board
Massachusetts	Board	Board	Board
Michigan	Board	APTA	Board
Minnesota	Board/Council	Board/AMA or APTA	Board
Mississippi	Board	USE/CPSE	Board
Missouri	Board	AMA or APTA	Board
Montana	Board	Board	Board
Nebraska	Board/Department	Board/Department	Board/Department
Nevada	Board	Board	Board
New Hampshire	Board	Board	Board/Committee
New Jersey	Board	USE/CPSE	Board
New Mexico	Board	Board	Board
New York	Department	Department	Department
North Carolina	Board	USE/CPSE	Board
North Dakota	Committee	Committee	Committee
Ohio	Board	Board/APTA	Board

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAM	PROMULGATE REGULATIONS
Oklahoma	Board/Committee	Board	Board
Oregon	Board	Board	Board
Pennsylvania	Board	Board/APTA	Board
Rhode Island	Department Dir.	Board	Department Director
South Carolina	Board	Board	Board
South Dakota	Medical Board	Board	Medical Board
Tennessee	Board	Board	Medical Board
Texas	Board	Board	Board
Utah	Department + Board	Department + Board	Board
Vermont	Secretary of State	USE/CPSE	Secretary of State
Virginia	Board	AMA/APTA	Board
Washington	Department Director	Board	Board
West Virginia	Board	APTA + Board	Board
Wisconsin	Board	Board	Board
Wyoming	Board	Board	Board
D.C.	Mayor	ATPA/Mayor	Council
Puerto Rico	Board	AMA/APTA	Board

Source: HPLIS/CSG; December 31, 1984

KEY:

APTA	American Physical Therapy Association accredits schools
AMA	American Medical Association accredits schools through its Council of Medical Education
USE/CPSA	Accreditation may be done by any agency recognized by the United States Department of Education or the Council on Postsecondary Education

TABLE IX-4

PHYSICAL THERAPIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSP.	REVOKE	RESTR. LIC.	CENSURE	REPRI.	PROB.	FINE	OTHER
Alabama	CA 34-24-217	x	x						
Alaska	AS 08.84.120	x	x						
Arizona	ARS 32-2042	x	x	x	x		x	x	a
Arkansas	AS 72-1328	x	x						
California	CBPC 2660	x	x				x		
Colorado	CRS 12-41-118	x	x	x	x	x	x	x	a
Connecticut	CGS 20-73a	x	x						
Delaware	DCA 2616	x	x						
Florida	FS 486.125	x	x			x	x	x	
Georgia	OCG 43-33-18	x	x	x	x	x	x		b
Hawaii	HAR 11-3-7	x	x				x		a
Idaho	IC 54-2213	x	x						
Illinois	111 IRS 4217.1	x	x		x	x	x		
Indiana	IC 25-27-1-10-1	x	x		x	x	x		a,e
Iowa	IAC 470-138.112	x	x					x	
Kansas	KSA 65-2912	x	x				x		
Kentucky	KRS 327.070	x	x						
Louisiana	RS 2413	x	x						
Maine	32 MRSA 3117A	x	x						
Maryland	ACM 13-315	x	x			x	x		
Massachusetts	ALM 112-23K	x	x		x	x	x		f
Michigan	PHC 17831	x	x	x		x	x	x	
Minnesota	MSA 148.75	x	x						
Mississippi	MCA 73-23-59	x	x						
Missouri	RSMo 334.100	x	x	x		x			
Montana	MCA 37-1-136	x	x		x	x	x		
Nebraska		x	x	x	x	x	x		
Nevada	NRS 640.160	x	x				x	x	
New Hampshire	RSA 328-A:9	x	x						
New Jersey	NJSA 45.9-37.18	x	x						
New Mexico	NMSA 61-12-12	x	x						
New York									
North Carolina	Bd. Rule 16,17	x	x				x	x	c
North Dakota	NDCC 43-26-11	x	x						
Ohio	ORCA 4755.10	x	x						

STATE	CITATION	SUSP.	REVOKE	RESTR. LIC.	CENSURE	REPRI.	PROB.	FINE	OTHER
Oklahoma	OS 887.13:	x	x						
Oregon	ORS 688.140	x	x						
Pennsylvania	63 PS 1311	x	x						
Rhode Island	GLRI 5-40-13	x	x						
South Carolina	CLSC 40-45-200	x	x						
South Dakota	SDCL 36-10-43	x	x						d
Tennessee	TCA 63-13-307	x	x						
Texas	TCSA 4512e.19	x	x						
Utah	UCA 58-24-13	x	x						
Vermont	26 VSA 2121	x	x						
Virginia	VC 54-316	x	x		x	x	x		
Washington	RCW 18.74.080	x	x	x					
West Virginia	WVC 30-20-10	x	x						
Wisconsin	WSA 448.02	x	x		x				
Wyoming	WC 33-25-111	x	x						
D.C.	DCCA 2-1703.11	x	x						
Puerto Rico	Act, s. 12	x	x						

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Board may order licensee to submit to corrective education in areas of deficiency.
b. Board may require licensee to submit to professional counseling as a condition of avoiding discipline.
c. Warning to licensee
d. Cancellation of license
e. Board may limit areas of practice
f. Board may otherwise discipline

TABLE IX-5

PHYSICAL THERAPIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alabama	x			CA 34-24-212
Alaska	x			12 AAC 54.060
Arizona	x			R4-24-201
Arkansas	x			ASA 72-1322
California	x			Bus.& Prof. Code 2605
Colorado	x			CRS 12-41-112
Connecticut	x			CGS 20-70
Delaware	x			DCA 2608
Florida	x			FS 486.051
Georgia	x			Rules 490-2-.02
Hawaii	x			Rules, 11-3-4
Idaho	x			Rules, 5.2.3
Illinois	x			111 IRS 4211
Indiana	x			IC 25-27-1-7
Iowa	x		yes	IC 470-137.3
Kansas	x			KAR 100-35-7
Kentucky	x			KRS 327.050
Louisiana	x	may		
Maine	x			Rules, 02-393-6
Maryland	x[a]			Regs, 10.38.03
Massachusetts	x	may	may	ALM 112-231
Michigan	x[a]			Regs, R338.7107
Minnesota	x			MSA 148.72.3
Mississippi	x		yes	MCA 73-23-47
Missouri	x			RSMo 334.530
Montana	x[a]			Rules 8.42.402
Nebraska	x			RSN 71-2803
Nevada	x			Rules 640.040
New Hampshire	x			RSA 328-A:5
New Jersey	x			NJSA 45:9-37.25
New Mexico	x			NMSA 61-12-11
New York	x	yes	yes	R 77-2
North Carolina	x			Board Rules, VI
North Dakota	x			NDCC 43-26-06
Ohio	x			Rules, 4755-23-03

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Oklahoma	x			OS 887.6
Oregon	x			Rules, 10-015
Pennsylvania	x		yes	Rules, 49 PC 40.13
Rhode Island	x			Rules, 5.1.1
South Carolina	x			Rules, 101-7
South Dakota	x			SDCL 36-10-28
Tennessee	x			Rules, 1150-1-.04
Texas	x	may	may	Rule II
Utah	x			Rules, I-C
Vermont	x			Rules, 2.3(3)
Virginia	x			Rules VI(1)
Washington	x			WAC 308-42-045
West Virginia	x			WVC 30-20-7
Wisconsin	x			MED 7.04
Wyoming	x			R3.1
D.C.	x			DCCA 2-1703.8
Puerto Rico	x		yes	T.20 sec. 246

Source: HPLIS/CSG; December 31, 1984

KEY:

x. All of the states use the objective examination prepared and graded by the Professional Examination Service.

a. Applicants are required to pass a jurisprudence examination on state laws and regulations governing physical therapists.

TABLE IX-6

PHYSICAL THERAPIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	EDUCATION	MORALS	AGE	CITIZENSHIP
Alabama	CA 34-24-211	x	a		
Alaska	AS 08.84.030	x			
Arizona	ARS 32-2022	x	a		
Arkansas	AS 72-1322	x	a	21	j
California	B&P Code 2635	x	c	18	
Colorado	CRS 12-41-111	x	a		
Connecticut	CGS 20-70	x			
Delaware	DCA 2606	x	e		
Florida	FS 486.031	x	a	18	
Georgia	OCG 43-33-12	x	c,f		
Hawaii	HRS 11-3-4	x			
Idaho	IC 54-2205	x	a		
Illinois	111 IRS-4207	x	a	18	
Indiana	IC 25-27-1-6	x	f		
Iowa	IC 148A.4	x			
Kansas	KSA 65-2906	x		18	
Kentucky	KRS 327.050	x			
Louisiana	RSA 2403	x	a	21	yes
Maine	32 MRSA 3114A	x	b		
Maryland	ACM 13-302	x	a		
Massachusetts	ALM 112-23I	x			
Michigan	Pub. H. C.	x	a	18	
Minnesota	MSA 148.705	x			
Mississippi	MCA 72-23-47	x	a		
Missouri	RSMo 334.530	x	a	21	
Montana	MCA 37-11-303	x	a	18	
Nebraska	RS 71-2803	x			
Nevada	NRS 640.080	x	a		
New Hampshire	RSA 328-A:3	x	h	18	
New Jersey	NJSA5:9-37.22	x			
New Mexico	NMSA 61-12-10	x	a	21	
New York	CLNYA 6734	x	a	18	
North Carolina	GSNC90-270.29	x	a		
North Dakota	NDCC 43-26-06	x	a	18	
Ohio	ORCA 4755-06	x	a	18	

STATE	CITATION	EDUCATION	MORALS	AGE	CITIZENSHIP
Oklahoma	OS 887.6	x	a		
Oregon	ORS 688.050	x	a	18	
Pennsylvania	PL 63-1306	x	a	20	
Rhode Island	GLRI 5-40-6	x	a	18	
South Carolina	CLSC40-45-100	x			
South Dakota	SDCL 36-10-27	x	a		
Tennessee	TCA 63-13-303	x	a		
Texas	TCSA 4512E.8	x			
Utah	UCA 58-24-6	i	a	21	
Vermont	26 VSA 2101	x			
Virginia	VC 54-308.5	x	a	18	
Washington	RCW 18.74.030	x	a		
West Virginia	WVC 30-20-6	x	a	18	
Wisconsin	WSA 448.05.4	x			
Wyoming	WS 33-25-105	x	a,g		
D.C.	DCCA2-1703.8	x	a,d	20	
Puerto Rico	T.20-245	x	a		

Source: HPLIS/CSG; December 31, 1984

KEY:

x. Successful completion of an accredited Physical Therapy educational program approved by the Board.

a. Applicant must be of "good moral character."

b. Applicant must demonstrate that he or she is trustworthy.

c. Not be addicted to the intemperate use of alcohol or narcotic drugs or other controlled substances.

d. Be in good physical and mental health, as certified by a physician licensed to practice in D.C.

e. Applicant must submit evidence of suitability to practice.

f. Each applicant must present satisfactory evidence that he or she does not have a conviction for an act which would constitute a ground for disciplinary sanction under this chapter or a felony that has a direct bearing on applicants ability to practice competently.

g. Applicant must submit two letters of recommendations from persons who have known applicant for a period of two years. Board may also require a personal interview.

h. Must display professional behavior.

i. Applicant must either be a graduate of a school of physical therapy or a graduate of a school of physical education or a school of nursing after having completed a course in physical therapy.

j. Must be a U.S. citizen or have made a declaration of intention to become a citizen. If applicant does not follow through with intention within a seven year period, the license is automatically revoked.

TABLE IX-7

PHYSICAL THERAPY

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
Alabama	$100*	Cost	$100/An	$100*	$10	
Alaska	$50	$50	$200/4 yrs	$20/8 mo		$50
Arizona	$300*a	$150*	$300*/Bi		$50*	
Arkansas			$3/An			
California		$50*			$2	$5
Colorado						
Connecticut**		$30	$5/An			$50
Delaware	$100		Biennial			
Florida	$110					
Georgia**	$50	$50	$35/Bi			$50
Hawaii	$35	Cost	$5/An			$35
Idaho**	$80*	$40*	$70*/An	$70*		
Illinois**		$35	$15/Bi			$35
Indiana	$50*	Cost	$20/Bi			$50
Iowa	$55	$85	$55/Bi		$10	$55
Kansas**		$100*				$100*
Kentucky	$250*		$100/Bi			$100
Louisiana		$50	$25/An	$10		
Maine	$30	$70	$40/Bi		$5	$30
Maryland**	$25	$35	$10/An			$25
Massachusetts**		$50				
Michigan	$60	$50^a	$40/Bi	$35		$35
Minnesota						
Mississippi**		$200*	$50*/An			$200*
Missouri	$50^a	$150	$100/An		$15	$200
Montana	$150		$75/An	$30/Thru Exam		
Nebraska	$50		$10/An			$50
Nevada		$75				
New Hampshire	$25*		$25*/An			$40
New Jersey**		$100	$20/Bi			$100
New Mexico	$100*	Cost	$30/An			
New York	$100		$60/Bi			$65
North Carolina	$65		$20/An		$5	$75
North Dakota	$35	$75*	$10/An			
Ohio	$100		$60/Bi		$15	$75

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
Oklahoma	$35		$5/An	$15		$35
Oregon		Cost	$30/An			$60
Pennsylvania	$50		$10/Bi	$25/1 yr.		$75
Rhode Island	$75		$30/An			$75
South Carolina	$120		$18/An		$3	$70
South Dakota	$40		$10/An			$40
Tennessee	$35	$75	$20/An	$15/3 Mos.		$100
Texas	$40	$75	$40/An	$30	$25	$60
Utah	$40		$20/Bi		$5	$25
Vermont						
Virginia		$100				$100
Washington	$100		$35/An		$5	$100
West Virginia	$60		$20/An	$20		
Wisconsin	$50		$35/Bi		$5	$50
Wyoming	$50*	Cost	$50*/An	$50*		
D.C.**	$20	$50	$50/An			$70
Puerto Rico	$25		$5/Bi	$10		

Source: HPLIS/CSG; December 31, 1984

KEY:

a Licensure fee
* Not exceeding
** This information was taken from a December 1982 document and may not be current.

TABLE IX-8

PHYSICAL THERAPIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Alabama	Endorsement	a	CA 34-24-214
Alaska	Endorsement	a	AS 08.84.060
Arizona	Endorsement	a + b	ARS 32-2023
Arkansas	Reciprocity	a + c	AS 72-1305
California	Endorsement	a	B&P Code 2636.5
Colorado	Endorsement	a + b	CRS 12-41-114
Connecticut	Reciprocity	a + c	CGS 20-71
Delaware	Endorsement	a	DCA 2610
Florida	Endorsement	a	FS 486.081
Georgia	Endorsement	a	OCG 43-33-15
Hawaii	Endorsement	d	HRS 11-3-4
Idaho	Endorsement	none	IC 54-2206
Illinois	Endorsement	a	111 IRS 4211
Indiana	Endorsement	a	IC 25-27-1-9a
Iowa	Endorsement	e + f	IC 470-137.4(5)
Kansas	Endorsement	a	KSA 65-2909
Kentucky	Endorsement	a	KRS 327.060
Louisiana	Endorsement	a	RS 2403.7
Maine	Endorsement	a	32 MRSA 3114-A(1)(C)
Maryland	Endorsement	a	ACM 13-307
Massachusetts	Endorsement	k	259 CMR 5.03:2
Michigan	Endorsement	a	Public Health Code
Minnesota	Endorsement	a	MSA 148.72.1
Mississippi	Endorsement	a	MCA 73-23-51
Missouri	Endorsement (i)	a	RSMo 334.540
Montana	Endorsement	a + g	MCA 37-11-307
Nebraska	Endorsement	if PES taken in last 12 months	
Nevada	Endorsement	a	NRS 640.140
New Hampshire	Endorsement	a	RSA 328-A:4
New Jersey	Endorsement	a	NJSA 45:9-37.28
New Mexico			
New York			
North Carolina	Endorsement	a	GSNC 90-270.31
North Dakota	Endorsement	a	NDCC 43-26-08
Ohio	Endorsement	a	ORCA 4755.44
Oklahoma	Endorsement	a	OS 887.9:
Oregon	Endorsement	a	ORS 688.080
Pennsylvania	Endorsement	a + h	63 PS 1306
Rhode Island	Endorsement	a	GLRI 5-40-7(b)
South Carolina	Endorsement	a	CLSC 40-45-120

STATE	TYPE	CONDITIONS	CITATION
South Dakota	Endorsement	a	SDCL 36-10-31
Tennessee	Endorsement	a	TCA 63-13-305
Texas	Endorsement	a	TCSA 4512e.10
Utah	Endorsement	a + b	Board Rules, II-D
Vermont	Endorsement	a	26 VSA 2104
Virginia	Endorsement	a	Bd. Rules, VIII(1)
Washington	Endorsement	a	RCW 18.74.0680
West Virginia	Endorsement	a	WVC 30-20-6d
Wisconsin	Endorsement	a	R 7.04
Wyoming	Reciprocity	c	R 4.3
	Endorsement	j	R 4.4
D.C.	Reciprocity	a + b	DCCA 2-1703.9
Puerto Rico	Not Provided For		T.20, s.241 et seq.

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Board may waive examination for any person who holds an active license issued by a state having licensing requirements substantially similar to those of the home state (and/or if applicant passed national examination in other state and made a score acceptable for licensure in the home state)

b. Applicants who have practiced less than five years in other states "shall successfully demonstrate to the board competency in the practice of physical therapy or shall serve an internship or take remedial courses as determined by the board or both."

c. License will be issued only if applicant's state "accords a similar privilege of registration or licensure without examination to a holder of a license as a physical therapist in this state."

d. As long as applicant previously took Professional Examination Service exam for physical therapists in another state, applicant only has to show that he/she made a passing score on the exam.

e. All applicants must pass an oral or practical examination prepared by the board, in lieu of the national exam.

f. Applicant "shall have practiced physical therapy on a full-time or full-time equivalent basis or served as a full-time faculty member teaching physical therapy in a school of physical therapy for at least one of the immediately preceding three years or shall have graduated from an approved school of physical therapy within a period of one year from the date of graduation to the time the application is completed for licensure."

g. The board may, in its discretion, require a written, oral or practical examination and may require continued study or refresher courses for applicant.

h. If the applicant has previously failed a licensing examination, reciprocal license will be granted only in the discretion of the board.

i. The board is authorized to negotiate reciprocal compacts with licensing boards of other states.

j. Applicant must have passed the Professional Examination Service Exam with a standard deviation of no more than 2.0 below the national average; or passed the American Registry of Physical Therapists test; or passed an equivalent qualifying test approved by the board.

k. Hold a current license from a state or territory of the U.S., District of Columbia or the Commonwealth of Puerto Rico. Must have achieved a passing grade set by the board on each section of the PES exam; and sign a statement of intent that if applicant had not previously practiced under supervision for at least one year, that the applicant will do so after being granted a license.

TABLE IX-9

PHYSICAL THERAPIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Alabama	No		
Alaska	No		
Arizona	No		
Arkansas	N/A		
California	N/A		
Colorado	No		
Connecticut	No		
Delaware	Yes	Rule 3.2	30 Hours Biennially
Florida	No		
Georgia	No		
Hawaii	No		
Idaho	No		
Illinois	No		
Indiana	No		
Iowa	Yes	Regs,470-138.2	40 hours every 2 yrs.
Kansas	Yes	KAR 100-47-1	60 hours every 2 yrs.
Kentucky	No		
Louisiana	No		
Maine	No		
Maryland	No		
Massachusetts	May	ALM 112-23B	Bd. has power to establish
Michigan	No		
Minnesota	No		
Mississippi	No		
Missouri	No		
Montana	Yes	Regs,8.42.165	"Continued Participation"
Nebraska			
Nevada	Yes	NRS 640.150(3)	20 hrs./year (at most)
New Hampshire	No		
New Jersey	No		
New Mexico	Yes	Rule 83-8	10 hrs./year
New York	No		
North Carolina	No		
North Dakota	May	R61.1-03-01-01	Committee may establish
Ohio	No		

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Oklahoma	No		
Oregon	No		
Pennsylvania	No		
Rhode Island	No		
South Carolina	No		
South Dakota	No		
Tennessee	No		
Texas	No		
Utah	No		
Vermont	No		
Virginia	No		
Washington	No		
West Virginia	No		
Wisconsin	No		
Wyoming	No		
D.C.	N/A		
Puerto Rico	No		

Source: HPLIS/CSG; December 31, 1984

KEY:

N/A means not available

CHAPTER XI

STATE REGULATION OF PODIATRIC MEDICINE

PODIATRIST

Type of State Regulation The Fifty states, the District of Columbia and Puerto Rico regulate podiatrists through licensure. (See Table X-1).

Scope of Practice The scope of practice for podiatry is largely uniform across the United States.

South Dakota provides a clear and concise example:

> Scope of practice defined-Prohibited acts. Podiatry is hereby defined as the medical, mechanical, and surgical treatment of the human foot. A podiatrist shall not be authorized to amputate the human foot, a toe or toes, or remove all of any bone other than those bones in the toes; or perform any surgery on the human body at or above the ankle, or administer anesthetics other than local anesthetics.

There are some variances from state to state: (1) Two states allow podiatrists to treat the human hand for superficial disorders which are common to the foot, and (2) two states expressly allow for amputation of the toe; however, no states allow for the amputation of the foot in *toto*. None of the states allow the podiatrist to administer other than local anesthesia, although three states allow the podiatrist to give treatment which involves the use of general anesthetics if the treatment is rendered in a hospital approved by the state, and if the anesthesia is administered by the proper party.

Several states have older legislation which refers to the practice of podiatry as 'chiropody'. For purposes of this survey podiatry and chiropody are synomynous.

Organization of State Regulatory Bodies and Functions Most of the states utilize a board or committee predominately composed of podiatrists to regulate the profession. Ten states regulate podiatry through the medical board and all of these boards have a majority of physician members. Three boards have no podiatry members. Thirty-four states also have public members on the board. (See Table X-2).

The board is the primary body responsible for issuing license and promulgating rules and regulations for podiatrists in most of the states. Most state statutes give the board the power to approve or accredit educational programs. All six podiatry schools in the United States have been accredited by the American Podiatry Association (APA). Sixteen states name the APA in the statutes while three states recognize colleges approved by the APA. (See Table X-3).

All of the states have given the boards the power to discipline the podiatrists by suspension or revocation of their license. Many allow for probation, reprimand and license restrictions as sanctions available to the board. (See Table X-4). Two state boards can require additional education or training courses, and one state can require public service hours to be rendered by the licensee.

All states require the applicants to take a written examination for licensure. Forty-three states use the National Board of Podiatry Examiners' examination; the remaininng states use an exam developed or approved by the individual board. Almost half of the states require a practical examination as well as the written exam. Sixteen states require, and nine states may require an oral exam. (See Table

X-5). Currently the Federation of Podiatry Boards is preparing an examination which will test practical skills.

Requirements for Licensure All jurisdictions require the applicant to be a graduate of a board or APA approved school of podiatry. Most states require that the applicant be of good moral character, and a majority also have age requirements, generally either 18 or 21 years. (See Table X-6).

Continuing Education Requirements Thirty-two states require that continuing education requirements be met as a condition of license renewal. See Table X-9 for the extent of the required education.

Interstate Recognition of Credentials The states are almost evenly split between those that allow podiatrists licensed in one state to practice in another state through reciprocity, (22 states) and those that do so through endorsement (24 states). See Table X-8 for the conditions individuals must meet before they can practice.

Fee Schedule Fee levels for six types of fees are shown in Table X-7.

TABLE X-1

PODIATRIST
TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Alabama	Licensure	Title 46 Section 297
Alaska	Licensure	AS 308.64.170
Arizona	Licensure	A.R.S. 32-851
Arkansas	Licensure	ASA 72-309
California	Certification*	CB & PC-2472
Colorado	Licensure	CRS 12-32-102
Connecticut	Licensure	CGS 20-65
Delaware	Licensure	DCA 24 502
Florida	Licensure	FS.461.012
Georgia	Licensure	OCGA43-35-13
Hawaii	Licensure	HRS 463E-2
Idaho	Licensure	IC 54-603
Illinois	Licensure	111 IRS 4901
Indiana	Licensure	IC 25-29-1-2
Iowa	Licensure	IC 147.86
Kansas	Licensure	KSA 65-2002
Kentucky	Licensure	KRS 311.400
Louisiana	Licensure	RS 37:612
Maine	Licensure	32 MRSA-3552
Maryland	Licensure	ACM 15-301
Massachusetts	Registration*	ALM 112 13
Michigan	Licensure	MI Ad. Code R.338.8103
Minnesota	Licensure	MSA 153.15
Mississippi	Licensure	MCA 73-27-15
Missouri	Licensure	RSMo 330.020
Montana	Licensure	MCA 36-6-301
Nebraska	Licensure	RS 71-174.01
Nevada	Licensure	NRS 635.070
New Hampshire	Licensure	RSA 315:8
New Jersey	Licensure	NJSA 45:5-11
New Mexico	Licensure	NMSA 61-8-3
New York	Licensure	CLNYA 7001
North Carolina	Licensure	NCS 90.202.3
North Dakota	Licensure	NDCC 43-05-09
Ohio	Certification*	ORCA 4731.60

STATE	TYPE	CITATION
Oklahoma	Licensure	59 OS 4.143
Oregon	Licensure	ORS 677.810
Pennsylvania	Licensure	63 PS 42.12
Rhode Island	Licensure	GLRI 5-29-1
South Carolina	Licensure	CLSC 40-51-65
South Dakota	Licensure	SDCL 36-8-5
Tennessee	Licensure	TCA 63-3107
Texas	Licensure	Podiatry Act 45676
Utah	Licensure	UCA 58-5-1
Vermont	Registration*	VSA 361
Virginia	Licensure	VC 54.274
Washington	Licensure	RCW 18.22.020
West Virginia	Licensure	WVC 30-3-13
Wisconsin	Licensure	WSA 448.03(1)
Wyoming	Licensure	WS 33-133.3
D.C.	Licensure	DCCA 2-2217
Puerto Rico	Licensure	Act 170-13

Source: HPLIS/CSG; December 31, 1984

KEY:

* Although this is designated in the state law as certification, according to this study's definition of licensure, certification and registration, it is in effect licensure.

TABLE X-2

PODIATRIST
ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL	CITATION
Alabama	State Bd. of Podiatry	7	0	0	7	CA34-24-250
Alaska	State Medical Bd. Dept. of Commerce and Economic Dev.	0*	2	5	7	AS 08.64.010
Arizona	State Bd. of Podiatry Examiners	3	2	0	5	ARS 32-802
Arkansas	State Podiatry Examining Bd.	3	0	0	3	AS 72-302
California	Podiatry Examining Committee Dept. of Consumer Affairs	4*	2	0	6	C.B.P.C. 2462
Colorado	Podiatry Board	5	0	0	5	CRS 12-32-103
Connecticut	Bd. of Examiners in Podiatry Dept. of Health	3	2	0	5	20-51
Delaware	Bd. of Podiatry	3	2	0	5	Section 503
Florida	Bd. of Podiatry Dept. of Professional Regulation	5	2	0	7	21T-10.02
Georgia	State Bd. of Podiatry Examiners	3	1	0	4	43-35-2
Hawaii	Bd. of Medical Examiners Dept. of Regulatory Agencies	0	2	7	9	HRS 453-5
Idaho	State Bd. of Podiatry Bureau of Occupational Licensing	4	1	0	5	54-604
Illinois	Examining Committee (Podiatry) Dept. of Registration & Education	5	0	0	5	111 IRS 4903(5)

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS				CITATION
		PROF.	PUB.	OTHER	TOTAL	
Indiana	Committee of Podiatry Examiners	4	0	1[b]	5	IC 25-29-1-3
Iowa	Board of Podiatry Examiners Dept. of Health	3	2	0	5	
Kansas	Advisory Committee on Podiatry State Board of Healing Arts	3	0	0	3	K.S.A. 74-2807
Kentucky	State Bd. of Podiatry	4	1	0	5	KRS 311.410
Louisiana	St. Bd. of Medical Examiners	2[f]	0	7[b]	9	RS37:612;1263
Maine	Examiners of Podiatrists Board of Registration in Medicine	2	1	2[b]	5	32 MRSA 51.3601
Maryland	State Bd. of Podiatry Examiners Dept. of Health & Mental Hygiene	5	1	0	6	15-202
Massachusetts	Bd. of Podiatry	3	1	1	5	
Michigan	Bd. of Podiatric Medicine and Surgery Dept. of Licensing and Regulation	3	2	0	5	R 333.18021
Minnesota	Bd. of Podiatry	5	2	0	7	MSA 153.02
Mississippi	Bd. of Medical Licensure	0	0	9 MDs	9	
Missouri	State Bd. of Podiatry Dept. of Consumer Affairs	4	1	0	5	RSMo 330.110
Montana	Board of Medical Examiners Dept. of Commerce	1	2	6	9	MSA 2-15-1841
Nebraska	Bd. of Examiners in Podiatry Dept. of Health	4	1	0	5	RS 71-113(1)
Nevada	Bd. of Podiatry	4	1	0	5	NRS635.020

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS				CITATION
		PROF.	PUB.	OTHER	TOTAL	
New Hampshire	Bd. of Registration in Podiatry	4	1	0	5	RSA 315:1
New Jersey	Bd. of Medical Examiners	1	1	13[g]	15	NJSA 45:9-1
New Mexico	Bd. of Podiatry	3	1	0	4	NMSA
New York	Bd. of Podiatry Dept. of Health	7	0	0	7	CLNYA 7003
North Carolina	Bd. of Podiatry Examiners	3	1	0	4	GSNC90-202.4
North Dakota	Bd. of Registry in Podiatry	3	0	1[b]	4	NDCC 43-05-03
Ohio	State Medical Board	1	2	8[c]	11	ORCA 34731.01
Oklahoma	Bd. of Chiropody	3	0	0	3	59OS4.137
Oregon	Advisory Council on Podiatry Bd. of Medical Examiners	3	1	1[a]	5	ORS 677.855
Pennsylvania	State Bd. of Podiatry Examiners Dept. of State	4	2	2	8	71P.S.-174
Rhode Island	Bd. of Examiners in Chiropody Dept. of Health	3	0	0	3	GLRI 5-26-2
South Carolina	Bd. of Podiatry Examiners	4	0	0	4	
South Dakota	Bd. of Podiatry Examiners	3	1	0	4	SDCL 36-8-2
Tennessee	Bd. of Registration in Podiatry Dept. of Health and Environment	3	0	0	3	TCA 63-303
Texas	Bd. of Podiatry	6	3	0	9	Pod. Act. 4568
Utah	Utah Podiatry Committee Division of Registration	4	1	0	5	UCA 58-1-6

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS				CITATION
		PROF.	PUB.	OTHER	TOTAL	
Vermont	Bd. of Medical Practice Secretary of State	1	2	6[i]	9	
Virginia	Bd. of Medical Examiners	1	0	3[e]		VC 54-282
Washington	St. Podiatry Bd. Dept. of Licensing	4	1	0	5	RCW 18.22.013
West Virginia	WV Bd. of Medicine	2	3	10[d]	15	WVC30-3-5
Wisconsin	Podiatrists Examining Committee Dept. of Regulation	3	1	0	4	WI 15.407
Wyoming	State Bd. of Registration in Podiatry	3	0	0	3	WS 33-133.2
D.C.	Bd. of Podiatry Examiners Dept. of Consumer & Regulatory Affairs	3	0	0	3	
Puerto Rico	Bd. of Examiners of Podiatrists	3	0	0	3	Act 170.2

Souce: HPLIS/CSG; December 31, 1984

KEY:

* One professional member shall be a teacher.
a. A podiatrist shall assist in the preparation of the examination.
b. All other members are physicians.
c. Seven members shall hold the degree of doctor of medicine, one member shall hold the degree of doctor of osteopathy.
d. Eight physicians holding the degree of doctor of medicine, one shall be a physician's assistant and one shall be the director of health *ex officio*.
e. One medical physician from each congressional district, one osteopath, one chiropractor and one clincial psychologist.
f. Board may appoint two podiatrists to set on the board.
g. One is an executive department designee, nine shall possess a MD degree, one shall be an osteopath and one shall be a licensed bio-analytical laboratory director.
h. Member shall be the Director of the Department of Human Services.
i. One Physicians Assistant and five MDs.

TABLE X-3

PODIATRIST
FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
Alabama	Board	APA	Board
Alaska	Board	Board	Board
Arizona	Board	APA	Board
Arkansas	Board	APA	Board
California	Board	APA	Board
Colorado	Board	Board	Board
Connecticut	Department	Board	
Delaware	Board	APA	Board
Florida	Department[a]	APA	Board
Georgia	Board	Board	Board
Hawaii	Board	APA	Board
Idaho	Board	Board[b]	Board
Illinois	Department[a]	Department	Department[a]
Indiana	Board	Board	Board
Iowa	Board	Board	Board
Kansas	Board	Board	Board
Kentucky	Board	APA	Board
Louisiana	Board	Board	Board
Maine	Board	APA	Board
Maryland	Board	Board[b]	Board
Massachusetts	Board	Board	Board
Michigan	Board	Board	Board
Minnesota	Board	Board	Board
Mississippi	Board	Board	Board
Missouri	Board	Board	Board
Montana	Department[a]	Board	Board
Nebraska	Department	Department	Board
Nevada	Board	Board	Board
New Hampshire	Board	APA	Board
New Jersey	Board	Board	Board
New Mexico	Board	Board	Board
New York	Department[a]	Department[a]	Department[a]
North Carolina	Board	APA	Board
North Dakota	Board	Board	Board
Ohio	Board	APA	Board

STATE	ISSUE LICENSE	APPROVE/ ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
Oklahoma	Board	Board	Board
Oregon	Board	Board	Board
Pennsylvania	Board	Board	Board
Rhode Island	Div. of Prof. Regulations	Board	Board
South Carolina	Board	Board	Board
South Dakota	Board	Board	Board
Tennessee	Div. of Health Related Bds.[a]	Board	Board
Texas	Board	Board	Board
Utah	Div. of Regis.[a]	APA	Division[a]
Vermont	Board	Board	Board
Virginia	Board	APA	Board
Washington	Director of Licensing[a]	Board[b]	Board
West Virginia	Board	Board	Board
Wisconsin	Board	Board	Board
Wyoming	Board	APA	Board
D.C.	License & Certification Div.[a]	APA	Board
Puerto Rico	Board	c	Board

Source: HPLIS/CSG; December 31, 1984

KEY:

APA=The American Podiatry Association.
a. Board, Committee or Council advises the Department.
b. Board, Committee or Council recognizes the college if the APA has accredited the college.
c. Schools in Puerto Rico-the Higher Education Council; schools outside Puerto Rico-the Board.

TABLE X-4

PODIATRIST
ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSP.	REVOKE	RESTR. LIC.	CENS.	REPR.	PROB.	FINE	OTHER
Alabama	AC 34-24-276	x	x						
Alaska	08.64.331	x	x	x	x	x	x		
Arizona	32-852	x	x		x		x		
Arkansas	Rules Act IV	x	x						
California	2227	x	x			x	x		a
Colorado	CRS 12-32-107	x	x				x		
Connecticut	190-17	x	x		x	x	x	Max. $1000	
Delaware	514	x	x		x	x	x		
Florida	461.013	x	x	x		x	x	Max. $1000	
Georgia	43-35-7	x	x						
Hawaii	HRS 463E-6	x	x						
Idaho	54-605	x	x						
Illinois	4922	x	x				x		
Indiana	IC 25-29-2-6.1	x	x	x	x	x	x		
Iowa	470.139-212	x	x				x		
Kansas	65-2006	x	x	x					
Kentucky	KRS 311.480	x	x						
Louisiana	RS 37:624	x	x						
Maine	3655A	x	x	x			x		
Maryland	15-311	x	x			x	x		
Massachusetts	ALM 112 18.20	x	x						
Michigan	3333.16226	x	x	x		x	x	x	
Minnesota	MSA 153.09	x	x						
Mississippi	MCA 73-27-13	x	x						
Missouri	AMS 330,160	x	x						
Montana	37-6-311		x						
Nebraska	RS 71-149	x	x	x	x	x	x		
Nevada	NRS 635.130:140	x	x						
New Hampshire	RSA 315.9	x	x	x		x			b
New Jersey	NF 45:5-8	x	x						
New Mexico	NMSA 61-811	x	x						
New York	CLNYA 6511	x	x	x	x	x	x	x	b,c
North Carolina	90-202.8	x	x	x		x		x	
North Dakota	NDCC 43-05-16		x						
Ohio	4731.61	x	x	x		x	x		

STATE	CITATION	SUSP.	REVOKE	RESTR. LIC.	CENS.	REPR.	PROB.	FINE	OTHER
Oklahoma	59 OS 4.148	x	x						
Oregon	677.860	x	x						
Pennsylvania	63PS42.16	x	x						
Rhode Island	GL.RI 5-29-16	x	x						
South Carolina	40-51-150:160	x	x						
South Dakota	SDCL 20:55:06:01	x	x						
Tennessee	63-319	x	x						a
Texas	Rules 375.12	x	x				x		
Utah	58-1-25	x	x						
Vermont	VSH 54-316	x	x		x	x	x		
Virginia	VC 54-316	x	x		x	x	x		
Washington	RCW18.22.151	x	x						
West Virginia	30-3-14	x	x	x		x			
Wisconsin	15.08	x	x	x		x			
Wyoming	33-133-10		x						
D.C.	2-2207	x	x						
Puerto Rico	Act 170 sect.16	x	x						

Source: HPLIS/CSG; December 31, 1984

KEY:

a. The board can take such action as is necessary.
b. Board can require a course of education or training.
c. Board can require the licensee to perform up to 100 hours of public service.

TABLE X-5

PODIATRIST
EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	PRACTICAL	ORAL	CITATION
Alabama	a	yes		AC 34-24-255
Alaska	a		yes	AS 08.64.220
Arizona	a	yes	yes	ARS 32-825
Arkansas	a	yes		ASA 72-305
California	a	may	may	
Colorado	a			CRS 12-21-105
Connecticut	a			CGSA 20-55 R 24-5-32
Delaware	b			R Title 24
Florida	x			R 21T-11-02
Georgia	a			OCGA 43-34-4
Hawaii	a	yes	yes	HRS 463E-4
Idaho	a	yes	yes	R section F
Illinois	a	yes	yes	111 IRS 4918
Indiana	a			
Iowa	a		yes	ICA 470-139.1
Kansas	x			KSA 65-2004
Kentucky	a	yes	yes	201 KAR 25:012
Louisiana	a	may	may	RS 37:613
Maine	a		yes	Chap. 1 Sec. 2.3
Maryland	a	yes		ACM10-40.01
Massachusetts	a	may	may	ALM 112 17
Michigan	a	may		R 338.8104
Minnesota	a	may	may	MSA 153.05
Mississippi	a			MSA 73-27-9
Missouri	a	may	may	RSMO 330.040
Montana	a			MCA 37-6-303
Nebraska	a			RS 71-175
Nevada	a	may	may	NRS 635.060
New Hampshire	a			RSA 315:7
New Jersey	a	may	may.	NFSA 45:5-7
New Mexico	a	yes	yes	R II & V
New York	a	yes		R 65.2
North Carolina	a	yes	yes	GSNC 90-202.6
North Dakota	a			NDCC 43-05-12
Ohio	a			ORCA 4731.57
Oklahoma	x	yes	yes	59 OS 4.144
Oregon	x			ORS 677.825
Pennsylvania	a			PCS 63:42.8
Rhode Island	a	yes	yes	GLRI 5-29-5
South Carolina	a	may	may	CLSV 40-51-80

STATE	WRITTEN EXAM USED	PRACTICAL	ORAL	CITATION
South Dakota	a			
Tennessee	b	yes		TCA 63-3111
Texas	x	yes	yes	R 371.7 & 8
Utah	a	yes		UCS 58-5-3
Vermont	a	may	may	VCA 364
Virginia	a	yes	yes	VC 54-298,299,300.1
Washington	a			RCW 18.22.083
West Virginia	b			WVC 30-3-10
Wisconsin	a	yes	yes	WIS Ad.C, Ned 6.05
Wyoming	a	yes		WS 33-133.5
D.C.	x	yes	yes	DCCA 2-2205
Puerto Rico	a	d		Act 170 8

Source: HPLIS/CSG; December 31, 1984

KEY:

x. An exam is given but there is no reference to a specific examination.
a. Test used is the National Board of Podiatry Examiners test.
b. The exam is prepared or approved by the board, including an exam prepared by the National Board of Podiatry Examiners may be used.
c. Credit may be given for experience.

(It should be noted that where the cite is to a law, then it is possible that in the regulation the Board has accepted the NBPE test).

TABLE X-6

PODIATRIST
INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	ED.	INTERN.	MORALS	AGE	CIT.	RES.
Alabama	36-24-235	c		x	19	yes	
Alaska	AS08.64.209	c	1 yr.	a			
Arizona	32-823;826	c	1 yr.	a			
Arkansas	72-304	c		x	21		
California	2486	c	1 yr.	a			
Colorado	12-32-105	c		x	21		
Connecticut	20-54	c(d)					
Delaware	506	c	1 yr.	a,b			
Florida	21T-11.01	c		a	18		
Georgia	43-35-4	c(e)		x	21		
Hawaii	463E-3	c		x			
Idaho	Rules sect. 3	c(e)		x	21		
Illinois	4913	c(j)		b	21	yes	
Indiana	25-29-1-3	c		c,b	18		
Iowa	149.3.4	c(e)					
Kansas	365,2003	c			21		
Kentucky	RS371.420	c		x	18	yes	yes
Louisiana	RS 37:613	c		x	21	yes	
Maine	3651	c(e)			18		
Maryland	315-302	c(e)	1 yr.	x	18		
Massachusetts	112 16	c		x	18		
Michigan	Act 368	c(f)	1 yr.	x	18		
Minnesota	153.04	c		x	18		
Mississippi	73-27-5	c		x	21		
Missouri	330.030	c		x	21		
Montana	37-6-302	c		x			
Nebraska	71175	c					
Nevada	635.050	c		x	21		
New Hampshire	315.2	c		x	18		
New Jersey	45.5-3	c	yes	x	21	yes	
New Mexico	61-8-8	c		x			
New York	7004	c		x	21		
North Carolina	90-202-5	c(e)		x			
North Dakota	43-05-11	c			18		
Ohio	4731.53	c(e)		x	18		
Oklahoma	59-054.144	c		b	21		yes
Oregon	3677.820	c		x	18		
Pennsylvania	342.4	c(g)		h	21	yes	yes
Rhode Island	5-29-2	c(g)	480 hrs.	x	18		
South Carolina	40-5150	c		x	21		

STATE	CITATION	ED.	INTERN.	MORALS	AGE	CIT.	RES.
South Dakota	20.55:01:02	c		x	18		
Tennessee	63-309	c		x	18		
Texas	R 371.3	c		x	21		
Utah	58-5-2	i		x	21		yes
Vermont	7-363	c		x			
Virginia	54-305	c		x	18		
Washington	18.22.040	c(e)		x	18		
West Virginia	WV30-3-10	c	1 yr.	x			
Wisconsin	448d.05	c		b			
Wyoming	33-133.4	c(e)					
D.C.	2-2205	c		x	21	yes	
Puerto Rico	310	c(e)	1 yr.				6 mo.

Source: HPLIS/CSG; December 31, 1984

KEY:

1. An intership is defined as a supervised work experience.
x. Be of good moral character.
a. Not committed any act which would constitute a disciplinary violation.
b. Not be convicted of a felony which would bear directly upon the practice of podiatry.
c. Must be a graduate of a Board or APA approved School of Podiatry.
d. If graduate of podiatry school after July 1, 1971 applicant must have two years of prepodiatry college years; if graduate of podiatry school after July 1, 1951 applicant must have thirty-two weeks of study in a college or scientific school.
e. Two years of college education.
f. Three years toward a degree of an approved college.
g. One year of liberal arts education.
h. Not addicted to the use of drugs or alcohol.
i. Two years in liberal arts or sciences college and 3,120 hours of class work in an APA recognized school of podiatry; or one year in liberal arts or sciences college and 4,160 hours of class work in an APA recognized school of podiatry.
j. Sixty semester hours of college work.

TABLE X-7

PODIATRIST

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
Alabama	$50		$50/An			$200
Alaska	$50	$200	$600/4 yrs.	$50		$200
Arizona	$150/$75[d]		$150/An			$150
Arkansas	$200		$100/An			N/A
California	$120/$270[d]		$270[d]/Bi	$15		
Colorado						
Connecticut	$150	$100				$150
Delaware**	(Obtain from Div. of Business & Occ. Reg.)					
Florida	$120[a]/$60[d]	$250	$120/Bi			
Georgia	$100		$120[b]/$60 Bi			$200
Hawaii	$25		$10/Bi			
Idaho	$25		$50/An		$10	$35
Illinois	$25	COE	$35/An		$10	$50
Indiana	$250		$40/Bi		$25	$200
Iowa	$100	$100	$140/Bi		$10	
Kansas	$150	COE	$50/An	$25		$150
Kentucky	$100		$35/An			$150
Louisiana	$50		$25/An			$110
Maine	$100		$100/Bi			$100
Maryland	$50		$25	$15		$50
Massachusetts	$100		$25/An	$50	$10	$125
Michigan	$100		$150/Tri	$100		
Minnesota						
Mississippi			$40/An			
Missouri	$200		$150/An		$10	$200
Montana	$35	$35	$25/An			$50
Nebraska**		$50	$15/An			$100
Nevada**		$100	$50/An			$150
New Hampshire**		$50	$5/An			
New Jersey**		$150	$15/An	$10		$150
New Mexico			$100/Bi			$250
New York**	$150		$40/Bi			$60
North Carolina	$100[c]	$200	$150/An			$100
North Dakota		$150		$150	$10	$150
Ohio**		$75	$50/Tri			$150

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
Oklahoma	$200		$25/An	$50	$300	
Oregon**		$100	$30/An			
Pennsylvania	$50		$75/Bi			$100
Rhode Island	$50		$25/An			$50
South Carolina**		$50	$10/An			$50
South Dakota	$200		$10/An			$75
Tennessee	--		$50/An			
Texas	$100		$150/An^d	$25^d	N/A	
Utah	--	$25	$20/Bi			$50
Vermont	$75				$100	$75
Virginia**		$175				$100
Washington	$100	$10	$35/An		$5	$100
West Virginia	$250		$50/Bi			$150
Wisconsin	$50		$35/An	$10	$5	$50
Wyoming	$50		$50/An			$100
D.C.**	$20	$60	$50/An			$80
Puerto Rico	$50		$50/An		$25	$50

Source: HPLIS/CSG; December 31, 1984

KEY:

a. For those licensed during the first year of the biennial $120. Those licensed in the second year will pay $60.
b. Non-residents renewal fee is $120 biennially.
c. Fee is for a temporary certificate for an academic staff member. Renewal is $35 annually.
d. Initial license or registration fee.

* Fees represent the ceiling amount.
** Information taken from a December 1982 document and may not be current.

TABLE X-8

PODIATRIST
RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Alabama	Reciprocity	c,d,e,n	AC 34-24-271
Alaska	Endorsement	a,b,c,d	AS 08.64.250
Arizona	Endorsement	a,b,c,d,e	ARS 32-825
Arkansas	None		
California	None		
Colorado	Endorsement	b,g	12.32.108
Connecticut	Reciprocity	a,c,f	20-57
Delaware	Reciprocity	a,b,c,e,f	Podiatry Rule 3.3
Florida	None		
Georgia	Reciprocity	c	43-35-6
Hawaii	None		
Idaho	Endorsement	a,b,c,d	Rules & Regs. G
Illinois	Reciprocity	b,c,e,g	Ill. Revs. 4919
Indiana	Endorsement	b,g	25-29-1-3 (f)
Iowa	Reciprocity	e,f,g	R 470-139.2
Kansas	Reciprocity	b,g	KS 65-2003
Kentucky	None		
Louisiana	Endorsement	a,d,g	RS 37-617
Maine	Reciprocity	b,d,g	R Chapter 1 2(B)
Maryland	Reciprocity	b,g	15-305
Massachusetts	Endorsement	e.g	112:16
Michigan	Endorsement	g,h	R 338.8107
Minnesota	Endorsement	b,g	153.13
Mississippi	Reciprocity	g	73-27-5
Missouri	Endorsement	b,g	4 CSR 230-2.050
Montana	Reciprocity	e,g	37-6-302
Nebraska	Reciprocity	b,e,g,i,j	71-139
Nevada	Endorsement	b,g	635.080
New Hampshire	None		
New Jersey	Endorsement	b,e,g	45:5-7
New Mexico	Endorsement	b,d,e,f,g,j	W-8-9
New York	Endorsement	c,e,o	Commissioner's Rule 59.6
North Carolina	Reciprocity	b,c,e,f,g	90-202.7
North Dakota	Reciprocity	e,g	43-05-11
Ohio	Endorsement	c	4731.57
Oklahoma	Endorsement	c,e,k	59:152
Oregon	Endorsement	b,c,g	ORS 677.830
Pennsylvania	Reciprocity	g (Residency)	R 29-72
Rhode Island	Reciprocity	g	5-29-6
South Carolina	Reciprocity	b,e,f,m	40-51-110

STATE	TYPE	CONDITIONS	CITATION
South Dakota	Reciprocity	g	36-8-12
Tennessee	Endorsement	b,d,g	63-314
Texas	Endorsement	l	4570 (g)
Utah	Endorsement	b,d,e	58-5-8
Vermont	Endorsement	b,g	26 369
Virginia	Endorsement	g	54-310
Washington	Reciprocity	d,g	RCW 18.22.081
West Virginia	Endorsement	b,c,d,f,g	30-3-11
Wisconsin	Reciprocity		
Wyoming	Reciprocity	e,g	323-133.11
D.C.	Endorsement	b,e,g	2-2205
Puerto Rico	Reciprocity	g	Act 170 12

Source: HPLIS/CSG; December 31, 1984

KEY:

a. Passed on examination given by the National Bd. of Podiatry Examiners
b. Has a license from another state.
c. Satisfies all other requirements of the state in which a license is sought.
d. Oral and/or practical examination required.
e. Practiced podiatry for a period of six years.
f. Must be of good standing in the state of origination.
g. Requirements of the original state are substantially equivalent to this state.
h. Must pass a Michigan medical jurisprudence test.
i. Must have affidavits attesting the applicant's good character.
j. Passed a written exam equivalent to this states.
k. Will become a resident of this state.
l. State may waive the examination requirement if applicant is certified or licensed in another state.
m. Recommended by his/her state's association.
n. The endorsing certificate must be presented to the Board within six months of issue.
o. The applicant must not have failed a licensing examination used by this state, unless the applicant has subsequently passed the examination.

TABLE X-9

PODIATRIST
CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Alabama	yes	34-24-275	12 hrs. Annually
Alaska	Yes, for renewal on or before 1/1/86.	12AAC40.200	17 hrs. Annually
Arizona	yes	R4-25-50	24 hrs. Annually
Arkansas	yes(a)	72-313	to be set by the bd.Annually
California	yes	R 1399.670	50 hrs. Biennially
Colorado	yes	12-21-111	no more than 14 hrs. Annually
Connecticut*	none		
Delaware	yes	Chap.24,R 5.2	32 hrs. Biennially
Florida	yes	R 21T-17	30 hrs. Biennially
Georgia	Bd. may require as a condition of renewal of a revoked license 43-35-7(F)		
Hawaii	yes	463E-S	40 hrs. Biennially
Idaho*	none		
Illinois	yes	4935	25 hrs. Annually
Indiana	yes	844 1AC 8-5-1	12 hrs. Annually
Iowa	yes	470-139.101	30 hrs. Biennially
Kansas	yes	K.S.A. 65-2010	54 hrs. every three years
Kentucky	yes	201 KAR 25:031	12 hrs. Annually
Louisiana*	none		
Maine	yes	R Chapter II 1	25 hrs. Biennially
Maryland	yes	Title 10 subtitle 40 Chapt. 02.03	not to exceed 50 hrs. Biennially
Massachusetts*	yes		15 credits Annually
Michigan	yes	R 338.8301	150 hrs. in a 3 yr. period
Minnesota	yes	R 39.002	12 hrs. Annually
Mississippi*	none		
Missouri	yes	4 CSR 230-2.030	12 hrs. Annually
Montana*	none		
Nebraska	yes	71-174.01	12 hrs. Annually
Nevada	yes	635.115	N/A
New Hampshire	yes	POD 403.01	24 hrs. Biennially
New Jersey	yes(b)		16 hrs. Annually
New Mexico	yes	61-8-10	48 hrs. Biennially
New York	yes	Rule 59	50 hrs. Triennially
North Carolina	yes	390-202.11	not to exceed 25 hrs. a calendar yr.
North Dakota	yes	63-03-02-01	20 hrs. Annually
Ohio	yes	4731.281	150 hrs. triennially

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Oklahoma	yes	59 OS 145.1	30 hrs. Annually
Oregon*	none		
Pennsylvania	yes(a)	63 PS 42.9	16 hrs. Biennially
Rhode Island*	none		
South Carolina*	none		
South Dakota*	none		
Tennessee	yes	63-316	not to exceed 15 hrs. Annually
Texas*	none		
Utah	yes	R Chapt. 501	20 hrs. Annually
Vermont*	none		
Virginia*	none		
Washington*	none		
West Virginia*	none		
Wisconsin	yes	Med. Pract. 448.13	30 hrs. Biennially
Wyoming*	none		
D.C.*	none		

Source: HPLIS/CSG; December 31, 1984

KEY:

* Information taken from a November 1984 document and may not be current.
a. May be waived by the board.
b. No statutory requirement but the New Jersey Podiatry Society requires the continuing education in order to renew memberships.

CHAPTER XII

HEALTH PROFESSIONS UNDER STATE SUNSET REVIEW

SUNSET AUDITS OF HEALTH-RELATED OCCUPATIONAL AND PROFESSIONAL LICENSING BOARDS: 1984 and 1985

Introduction

In 1976, Colorado was the first state to pass a sunset law. Formulated in a period when zero-based budgeting and regulatory reform programs were widely adopted in the states, sunset laws focused legislative oversight on state regulatory programs.

In 1984, Massachusetts became the 38th state to adopt a sunset law. Nearly every state has included occupational and professional licensing boards in their sunset review schedules.[1]

The unique aspect of sunset laws is the mandatory termination of boards and agencies by certain dates unless the legislature positively affirms their continued existence by passing new enabling legislation. Regulatory boards are presumed to cease operation unless the sunset evaluation demonstrates the need for their continued existence.

In practice, few boards have been terminated under sunset laws.[2] Instead the sunset evaluation reports and subsequent legislative recommendations have focused on improving the effectiveness and efficiency of regulatory functions.

Under sunset, legislators have scrutinized the regulatory function and asked the hard questions: Is licensure needed to protect the public health? Is the existing administrative structure adequate to carryout the statutorily-delegated functions? Is the practice act of the profession directed towards protecting the consumer's right to quality services and not geared to restrict practice unnecessarily? Is there a strong enforcement process so that errant practitioners are identified and dealt with? Is there a need for continuing competency assessment practices, such as continuing education? If so, have they been adopted? Are there enough resources appropriated to effectively regulate?

In addition, under sunset performance audit reviews, legislators have the opportunity to review the performance of multiple health occupations together. This makes for a more rational review and helps identify common problems and solutions across the professions.

Survey Results

In April, 1985 the Council of State Goverments completed a telephone survey of all the states which have sunset laws, and asked the question "which health professions have been reviewed under sunset in your state in 1984 and 1985."*

---

*Federal funds were not used for this survey.

Table XII summarizes the responses by state by health profession. The survey produces these findings of sunset during 1984 and 1985.

- Only one board was terminated -- the Tennessee Board of Speech Pathology and Audiology.
- Three boards have been recommended for termination to the legislative sunset review committee -- New Mexico's Nursing Home Administrator Board, Alaska's Nursing Home Administrator Board, which staff have recommended be combined with a medically-related commission, and Hawaii's Hearing Aid Dealer/Fitter Board.
- Alabama and Hawaii each will review 10 health boards for 1985.
- New Mexico will review 12 boards in 1985.
- Florida will review 13 health boards in 1986.
- Oregon and Tennessee each reviewed 12 health boards in 1984; Oregon's reviews are still under committee consideration.
- Georgia will review 5 health boards in 1985 while Delaware and Colorado will each review 4 and 3 boards respectively.
- Utah and Pennsylvania reviewed 5 and 6 health boards respectively in 1984 and are currently reviewing 1

and 4 boards respectively.

- Indiana reviewed all occupational licensing boards in 1979 and has no definite plans for another review cycle. Connecticut will begin its review process for health professional boards again in 1990.
- Kansas and Montana have taken occupational licensing boards out of their review schedules.
- Maryland completed its sunset cycle in 1983 and will begin the cycle again in 1989. In New Hampshire, the boards were reviewed in 1981 and will next be reviewed in 1987.
- Mississippi and Nebraska sunsetted the entire sunset program in 1984. In Illinois the sunset staff were eliminated in legislative budget cutting, and the sunset law may be sunsetted in 1985.
- A number of states did not conduct sunset reviews of health professional boards in 1984 and 1985, including Maine, Nevada, Rhode Island, West Virginia, and Wyoming.
- In South Dakota, sunset review applies to administrative rules only. The Division of Commerce which provides administrative services for many boards will be reviewed in 1985.

Conclusion

States continue to review health-related occupational and professional licensing boards under sunset laws. In the last two years, few recommendations to terminate boards have been made or adopted by the states.

Several states have recently sunsetted their entire sunset law. Two states have removed occupational and professional licensing boards from their sunset review schedules. Five states have completed reviews on all occupational and professional licensing boards and won't review them again until the late 1980's.

FOOTNOTES

1 For a comprehensive listing of boards and agencies schedules for sunset review in the states, see Sunset: A Schedule of State Sunset Reviews, Frances S. Berry et. al, Council of State Governments, Lexington, KY 1983.

2 For a more detailed evaluation of how sunset actually operated in six states, see Sunset: Expectation and Experience, Doug Roederer and Patsy Palmer, Council of State Governments, Lexington, KY 1981.

TABLE XII

HEALTH PROFESSIONS UNDER SUNSET REVIEW

STATES	Acupuncturist	Chiropractor	Clinical Social Worker	Dental Hygienist	Emergency Medical Technician	Hearing Aid Dealer/Fitter	Midwife	Nurse (RN/LPN)	Nursing Home Administrator	Occupational Therapist	Optician	Optometrist	Osteopath	Pharmacist	Physical Therapist	Physician	Physician's Assistant	Podiatrist	Psychologist	Respiratory Therapist	Sanitarian	Speech Pathologist & Audiologist	Veterinarian
ALABAMA		**				**		**	**			**		**	**	**		**				**	
ALASKA									s,r[1]		*[17]				s								*
ARIZONA												*											*
COLORADO		*				s		*				*		s	s	*		*					
CONNECTICUT[2]																							
DELAWARE						**		s				S				*			s			s	
FLORIDA	t	t				t	*	t	t	*	t	t	t	t	t	t	t	t		*		*	s
GEORGIA									s		s[17]				s				s		s		
HAWAII	**	**		**		** r		**	**				**	**		**		**					
INDIANA[3]																							
KANSAS[4]																							
LOUISIANA[5]																							
MAINE[6]																							
MARYLAND[7]																							
MISSISSIPPI[8]																							
MONTANA[9]																							
NEBRASKA[10]																							
NEVADA[11]																							

TABLE XII

HEALTH PROFESSIONS UNDER SUNSET REVIEW

TATES	Acupuncturist	Chiropractor	Clinical Social Worker	Dental Hygienist	Emergency Medical Technician	Hearing Aid Dealers Fitters	Midwife	Nurse (RN/LPN)	Nursing Home Administrator	Occupational Therapist	Optician	Optometrist	Osteopath	Pharmacist	Physical Therapist	Physician	Physician's Assistant	Podiatrist	Psychologist	Respiratory Therapist	Sanitarian	Speech Pathologist & Audiologist	Veterinarian
NEW HAMPSHIRE[12]																							
NEW MEXICO		**						**	** r			**	**	**	**	**	**	**	**				**
OKLAHOMA					*														c				
OREGON		c	c			c		c	c			c		c	c	c			c			c	c
PENNSYLVANIA		*						**	**			**	*	*	*	*		*	**				
RHODE ISLAND[13]																							
SOUTH CAROLINA		t						t	**					t		t							t
SOUTH DAKOTA[14]																							
TENNESSEE		*				*		*	*		*17	*	*		*	*		*	*			X	*
TEXAS										c													
UTAH				*		*		*							*				**				*
VERMONT																	c	c					
WASHINGTON														*									
WEST VIRGINIA[15]																							
WYOMING[16]																							

KEY:

* - reviewed in 1984
** - reviewed in 1985
X - terminated

r - staff recommendation to terminate
c - report in committee
s - scheduled to be reviewed in 1985

t - Scheduled to be reviewed in 1986

1 Recommendation to combine with a medically related commission.

2 The next review of health professional boards will be in 1990.

3 Indiana reviewed all occupational licensing boards in 1979.

4 No audits done in 1984 or 1985. Audits are optional at the discretion of the legislative committee.

5 Louisiana reviewed all agencies of the Department of Health and Human resources. A recommendation was made to include the Board of Osteopathy with the Board of Medical Examiners.

6 Maine is in the process of reviewing the Department of Business and Professional Regulation. The individual boards will be looked at in 1986.

7 The Sunset cycle was completed in 1983. It will begin again in 1989.

8 Sunset program nonexistant as of July 1, 1984.

9 In 1983, all licensing boards were removed from sunset review.

10 July 1, 1984 Sunset was technically sunsetted. Out of effect July 2, 1984.

11 No boards reviewed in 1984 or 1985. Nevada is not currently assigning any agencies to be reviewed.

12 All occupational boards were done in 1981. The next review will be in 1987.

13 No licensing boards reviewed in 1984 or 1985.

14 Division of Commerce, which contains many of the regulatory boards, is up for review in 1985. In South Dakota sunset pertains to the rules only.

15 No occupational boards were scheduled for sunset review in 1984 or 1985.

16 Wyoming rarely reviews occupational licensing boards. The Board of Podiatry is the only occupational board that was reviewed; that was done in 1981. No boards are scheduled for the next 2 year cycle.

17 Refers to Dispensing Optician.

The following occupations are not included in this chart as there was no information regarding Sunset review gathered in a telephone survey conducted April 22-26, 1985.

Clinical Laboratory Director
Clinical Laboratory Personnel
Counselors (Marriage, Family and Pastoral)
Dental Assistant
Dental Laboratory Technician
Dentist
Denturist
Hospital Administrator
Hypnotherapist
Medical Technologist
Nurse Praactitioner
Occupational Therapy Assistant
Pharmacist Assistant
Physical Therapist Assistant

CHAPTER XIII

HEALTH PROFESSIONS UNDER STATE SUNRISE REVIEW

Sunrise in the States: The Current Status

During the 1970's state legislatures experienced a significant increase in requests to regulate professions and occupations. More often than not the requests were initiated by the professional group and rarely, if ever, by consumers of the professional service. Few legislators had previous experience with licensing laws or with the objectives of regulation; the health, safety, and welfare of the public. The result was that most occupational groups easily convinced legislators of the need for regulation. Indeed, in many cases the need was clearly justified; but in some instances the need for regulation was not so clearcut.

When requests for regulation arise, legislators are expected to make educated decisions concerning the necessity of regulation within the time-frame of a legislative session. Legislators are concerned with this process as there is not adequate time to thoroughly research the costs and benefits that will accrue to society if the profession becomes regulated and have sought to remove initial licensing requests and research from the legislature.

As a result, nine states have adopted policies whereby requests for licensure can be thoroughly reviewed, the public benefits determined, and a recommendation to the legislature made before the licensure request goes to the legislature. This process of carefully scrutinizing requests for licensure and asking critical questions to determine regulatory need before licensure is granted is commonly referred to as sunrise and has fairly recently been introduced to the credentialing process.

Currently Arizona, Colorado, Hawaii, Kansas, Michigan, Minnesota, Nebraska, Washington and Virginia have active sunrise programs and sunrise bills have been introduced in Vermont and South Carolina. Other states with proposed programs are Tennessee and Florida and the District of Columbia is working on a model sunrise act in order to establish guidelines for professional licensure. Table XIIIprovides information on occupations that have recently undergone a sunrise audit, the action requested by the professional group and what the recommendation was by the review committee to the legislature.

Table XIII

Sunrise: Actions in the States 1984-1985

STATE	Profession	Action Requested by Professional Group	Recommendation Made by Sunrise Audit Committee
KANSAS	Clinical Lab. Professionals	Licensure	Under Consideration
	Dietitian	Licensure	Under Consideration
	Family & Marriage Counselors	Licensure	Under Consideration
	Occupational Therapists	Licensure	Licensure
	Opticians	Licensure	Under Consideration
	Professional Counselors	Licensure	Under Consideration
	Psychologists (Masters level)	Licensure	Registration
	Respiratory Therapists	Licensure	Licensure
MINNESOTA	Acupuncturists	Autonomous Bd. Status	Under Consideration
	Chem. Depen. Practitioners	Licensure	Under Consideration
	Contact Lens Technicians	Licensure	Under Consideration
	Marriage & Fam. Therapists	Licensure	Under Consideration
	Naturopaths	Licensure	Under Consideration
	Opticians	Licensure	Under Consideration
	Personnel & Guidance Counselors	Licensure	Under Consideration
	Phys. Assts.	Registration	Approved Registration
	Social Workers	Licensure	Under Consideration

STATE	Profession	Action Requested by Professional Group	Recommendation Made by Sunrise Audit Committee
MINNESOTA	Veterinary Assts.	Licensure	Under Consideration
VIRGINIA	Athletic Trainers	Licensure	No Need to License
	Corrective Therapists	Professional Recog. Statewide	To be Considered
	Occupational Therapists	Certification	No Certification
	Radiologic Technologists	Currently Making Application	
	Respiratory Therapists	Certification	Certification
	Sanitarians	Re-regulation	Under Consideration
WASHINGTON	Acupuncturists	Certification	Under Consideration
	Dental Hygen.	Independent Practice	Independent Practice for Bachelors Level, Law Remains as is for 2-Year Level.
	Dentist	Add one Dental Hygienist to Dental Exam. Bd.	Under Consideration
	Denturists	Licensure & Independent Practice	Under Consideration
	Dietitians	Licensure	No need to License
	Marriage Counselor	Certification	Certification
	Mental Health Counselor	Certification	Certification
	Naturopaths	Expanded Scope-of-Prac.	Under Consideration
	Physical Therapists	Independent Practice	To be Considered
	Physical Therapists Assts.	Licensure	Under Consideration

STATE	Profession	Action Requested by Professional Group	Recommendation Made by Sunrise Audit Committee
WASHINGTON	Radiologic Technologists	Certification	Under Consideration
	Social Workers	Certification	Certification
	Surgeons Assts.	Licensure	Under Consideration

NATIONAL ORGANIZATIONS WITH HEALTH PERSONNEL INFORMATION

American Hospital Association
840 N. Lakeshore Drive
Chicago, IL 60611
Contact: Barbara Bloom-Krenl, Director
Human Resources
(312) 274-2467

American Medical Association
535 N. Dearborn
Chicago, IL 60610
Contact: State Legislation Dept.
(312) 751-6000

Intergovernmental Health Policy Project
The George Washington University
2100 Pennsylvania Avenue, NW
Suite 616
Washington, DC 20037
Contact: Richard Merritt, Director
(202) 872-1445

National Clearinghouse on Licensure, Enforcement and Regulation
P.O. Box 11910
Iron Works Pike
Lexington, KY 40578
Contact: Fran Berry, Director
(606) 252-2291

National Commission for Health Certifying Agencies
1101 30th Street, NW, Suite 108
Washington, DC 20007
Contact: Janet Ciuccio, Assistant Director
(202) 333-9300

CHAPTER XIV

RESOURCES

ACUPUNCTURE

Acupuncture International Association
2330 S. Brentwood Blvd.
St. Louis, MO 63144

American Association for Acupuncture
American City Bldg.
Suite 108
Columbia, MD 21044
(301) 596-6006

CHIROPRACTOR

American Chiropractic Association
1916 Wilson Blvd. Suite 300
Arlington, VA 22201
(703) 276-8800

International Chiropractic Association
1901 L Street, NW, Suite 800
Washington, D.C. 20036
(202) 659-6476

Federation of Chiropractic Licensing Boards
501 East California Ave.
Glendale, CA 91206
(818) 244-2340

National Board of Chiropractic Examiners
1610 29th Avenue Place
Greeley, CO 80631
(303) 356-9100

LICENSED PRACTICAL NURSE

National Federation of Licensed Practical Nurses
P.O. Box 11038, 214 South Driver Street
Durham, NC 27703
(919) 596-9609

National Council of State Boards of Nursing
625 N. Michigan Ave. Suite 1544
Chicago, IL 60611
(312) 787-6555

REGISTERED NURSES

American Nurses Association
2420 Pershing Road
Kansas City, MO 64108
(816) 474-5720

NURSE-MIDWIFE

American College of Nurse-Midwives
1522 K-Street, NW, Suite 1120
Washington, D.C. 20005
(202) 347-5445

OCCUPATIONAL THERAPIST

American Occupational Therapy Association
1383 Piccard Drive, Suite 300
Rockville, MD 20850
(301) 948-9626

PHYSICAL THERAPIST

National Association of Physical Therapy
P.O. Box 367
West Covina, CA 91793
(213) 919-8088

American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314
(703) 684-2782

PODIATRIST

American Podiatric Medical Association
20 Chevy Chase Circle, NW
Washington, D.C. 20015
(202) 537-4900

Federation of Podiatry Boards
Suite 745
5530 Wisconsin Ave. NW
Washington, D.C. 20815
(301) 656-2214

- A4375-9.2f 3/85

The
Council of
State
Governments

CSG

STATE CREDENTIALING
OF THE BEHAVIORAL SCIENCE PROFESSIONS:
COUNSELORS, PSYCHOLOGISTS AND SOCIAL WORKERS

FINAL REPORT

Prepared by

The National Clearinghouse on Licensure,
Enforcement and Regulation and

The Council of State Governments
P.O. Box 11910
Iron Works Pike
Lexington, Kentucky 40578

Under HRSA Contract #240-84-0094

Copyright 1986
The Council of State Governments
Iron Works Pike
P.O. Box 11910
Lexington, Kentucky 40578

Manufactured in the
United States of America

C-41
$25.00

TABLE OF CONTENTS

Page

Preface.. i

I. Introduction.. 1

II. State Regulation of the Behavioral Science Professions...... 11

III. Key Issues Facing the Behavioral Science Professions........ 12

IV. State Regulation of Counselors.............................. 42

V. State Regulation of Psychologists........................... 66

VI. State Regulation of Social Workers......................... 90

Appendices

A-1. Behavioral Science Professions and State Sunset Reviews..... 117

A-2. Behavioral Science Professions and State Sunrise Reviews.... 118

A-3. Resources.. 119

PREFACE

States regulate over fifty health occupations and professions. Each state legislature determines which health occupations and professions the state will regulate, the type of credential, the scope of practice of the profession, and the administrative and policymaking structures which will carry out the ongoing regulatory functions.

The Council of State Governments has published a series of research reports beginning in 1952 with Occupational Licensing in the States, designed to provide policymakers with comparative state information on state occupational and professional regulation issues. In 1984 the Council of State Governments and the National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) were awarded a three-year project on Analysis and Exchange of Information and Data on State Credentialing of Health Personnel, by the Bureau of Health Professions, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services. Under this project, the state statutes and administrative regulations pertaining to some 41 health occupations and professions have been collected. Using these laws, staff have compiled detailed tables on the nature of state credentialing, including the structures, state credentialing requirements, and interstate reciprocal agreements for twelve health occupations and professions during the project's first year. Each of the succeeding two years, an additional ten to twelve health occupations and professions will be selected for in-depth comparative state study.

This report -- State Credentialing of the Behavioral Science Professions: Counselors, Psychologists and Social Workers -- is one of two reports produced during the project's first year. Special thanks for their expert advice and oversight during the project's first year are due to the Health Professions Licensure Informaton System Advisory Committee members: Dr. Joseph Hamburg, Professor, University of Kentucky Medical School; Helen Herring, LCSW, Partner, Herring, Reeb and Associates; Barbara Nichols, Secretary, Wisconsin Department of Regulation and Licensing; Dr. Benjamin Shimberg, Senior Research Scientist, Educational Testing Service; Rep. Sara Townsend, Majority Whip, New Hampshire House of Representatives; and William L. Wood, Jr., Attorney-at-Law, Scarsdale, New York.

The Project Director has been Frances Stokes Berry, the Council of State Governments' Director of The Center for Health and Regulation and Executive Director of CLEAR. Ed Bowling, Mark Ford, Ellen Hume and Dorrie Mazzone have served as research assistants for the project. Blessing Brown has been the project's secretary and meeting coordinator. Pat Bancroft, Wanda Hines, and Joy Pettit have ably assisted in typing the project's reports.

The Project Officer has been B. Jerald McClendon, Bureau of Health Professions, HRSA, U.S. Department of Health and Human Services.

Thanks are also extended to the people and organizations who reviewed the report's first draft and made comments on its substance and fact. Any remaining errors, however, are the full responsibility of the report's authors. The reviewers include: Frank Burtnett, Asst. Exec. Dir. for Association and Professional Relations, American Association for Counseling and Development; Donna Daley, Administrative Associate, American Psychological Association; David Jeffreys, Exec. Dir., American Association of State Social

Work Boards; and Miles Johnson, Senior Staff Associate, Department of Professional Services, National Associaton of Social Workers.

The Council of State Governments and CLEAR gratefully acknowledge Health Resources and Services Administration's support under contract #240-84-0094, without which this project could not have been undertaken.

The National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) is an organization composed of state officials and administrators involved with occupational licensing and regulation issues. CLEAR was formed in 1980 to facilitate communication on matters of common concern among licensing board members and administrators, central agency administrators, and others in the occupational regulation community. CLEAR maintains a substantial collection of articles, reports, state statutes and regulations, and comparative state studies regarding licensing issues, including reports compiled and published by the CLEAR staff. CLEAR enjoys a cooperative arrangement with The Council of State Governments which provides staff support services and houses CLEAR's information resource collection.

A diverse group of officials forms CLEAR's Steering Committee which oversees the organization's activities. The committee includes representatives from central licensure agencies, licensure board members and administrators, consumer affairs agencies, data systems departments, state legislatures, legislative service agencies, attorneys general offices, and sunset commissions.

Other CLEAR activities and projects include:

- The National Disciplinary Information System (NDIS) - a computerized data base of final disciplinary actions taken by professional licensing boards;
- The National Certified Investigator Training (NCIT) - a 21-hour training and certification program in investigative procedures and techniques;
- National Clearinghouse for Examination Information -- which publishes a quarterly newsletter on examination issues; and
- Other training manuals and conferences for the professional regulation community.

The Council of State Governments is a nonprofit organization, established, supported, and directed by the states. It conducts research on state programs and problems; maintains an information service available to state officials and legislators; issues a variety of publications; assists in state-federal liaison; promotes regional and state-local cooperation; and provides staff for affiliated organizations.

Carl Stenberg
Executive Director
Council of State Governments

Wellington Webb
Executive Director
Colorado Department of Regulatory Affairs
Chairman, CLEAR

CHAPTER ONE

INTRODUCTION

I. A. Background

State regulation of those health professions broadly termed the "behavioral sciences" -- psychology, social work, counseling, marriage and family therapy -- is a relatively recent phenomenon. While physician licensure began in the 1850's, state regulation of the behavioral sciences took place after World War II.

According to the American Heritage Dictionary, Behavior is defined as "1. The manner in which one behaves; deportment; demeanor. 2. The actions or reactions of persons or things under specified circumstances." The behavioral sciences, then, are the scientific study of persons' behaviors as the people exist in their environments.

Each of the health professions which together constitute the behavioral sciences (i.e. counseling, psychology, social work, and marriage and family therapy) is a distinct field of study and application; however, there is a range of regulatory and policy issues which affect all of these professions. This study will examine both the broader issues pertinent to all the professions as well as examine each profession's regulatory structure and policy in depth.

The behavioral science professions represent a microcosm of legislative and policy issues in the broader field of occupational and professional regulation. There is widespread concern among both the general public and legislators about the abuses that can happen in counseling. Newspaper investigatory series as well as consumer organizations such as Stop Abuse By Counselors in Seattle, Washington, are documenting cases where both licensed and unlicensed practitioners sexually and/or psychologically abuse their patients. Such evidence leads to calls for additional and stricter state regulation; however, during the past decade, many legislators have become more wary of automatically enacting new licensing laws. While licensing is appropriate in some cases, there can be negative impacts from licensure, and so a range of alternatives is more likely to be considered.

Several pitfalls of occupational regulation are now recognized. Licensure laws frequently place restrictions on advertising and on various business structures and practices. By restricting the number of people entering a profession and the ability of new professions to work independently, licensure may increase the cost to consumers of some professional services. The mobility of practitioners has been hampered, and in many fields auxiliaries have been underused. Licensure often focuses on testing applicants for the initial license and is less concerned about the competence and performance of practitioners after the license is granted.

One of the characteristics of the counseling field is the existence of many varieties of treatment modalities and many unregulated specialty groups. Because of this plurality, it can be especially confusing for legislators to evaluate which treatment modalities should be regulated and to sort out the overlapping scope-of-practice jurisdictions of some of the counseling occupations.

I. B. Type of State Credentialing

State regulation of health occupations and professions takes three forms: licensure, certification and registration. The three types of state credentialing provide different levels of restrictions on entry into the occupation or profession, with licensure being the most restrictive form of state credentialing and registration the least restrictive. Specifically, licensure restricts the scope-of-practice so that it is illegal for a non-licensed person to perform the covered services. Through licensure laws, states specify the minimum educational and training requirements needed by applicants, administer an exam, issue and renew licenses, and establish enforcement procedures to discipline incompetent or fraudulent practitioners.

Certification generally refers to a credential issued by a non-government agency or association which recognizes the individual's achievements of predetermined competence and standards. States also adopt "statutory certification," which limits use of particular titles to persons meeting predetermined requirements and for the purpose of this report, "certification" is "statutory certification."

Registration is the least restrictive form of state regulation. It can be as simple as requiring a person to provide his name, address and training to a state agency, or registration can require individuals to first meet minimum practice standards before registering and using the title of registered practitioner.

I. C. Major Issues

The major policy issues pertaining to the behavioral science professions in nearly every case neatly parallel the key issues in occupational licensing at large; however, two issues -- mandated benefits and third-party reimbursement -- are particularly acute concerns to this group of professions. Three issues will be briefly developed below, including: incompetent practitioners, deciding when to regulate, and mandated benefits.

I. C. 1. Incompetent Practitioners: At the state and federal level, incompetent practitioners -- how to find them and how to deal with them -- has emerged as a number one priority for state legislators and regulators for both regulated and unregulated professions. Legislatures are providing increased funding for strengthening enforcement activities against licensed practitioners.

Practice acts are being amended to expand the disciplinary sanctions available to regulators beyond suspension and revocation. The most frequent additional sanctions include administrative fines, reprimand and probation.

State licensing boards are increasingly developing policies on dealing with practitioners who abuse drugs or alcohol, referring abusers to treatment programs for rehabilitation when possible, and tracking practitioners' successes and failures after treatment.

In May 1984, Senator John Heinz introduced the Medicare and Medicaid Patient and Program Protection Act in the Senate which would give the U.S. Department of Health and Human Services greater powers to exclude fraudulent and incompetent health practitioners from Medicare and Medicaid. This bill would require state licensing boards to report all disciplinary actions taken to the Department to assist in identifying incompetent practitioners. As of April 1986, a House bill has passed and a similar bill is under consideration by the Senate and is expected to pass.

I. C. 2. Deciding When to Regulate: One of the most difficult licensing decisions facing state legislators today is deciding when an occupation should be regulated by the state. In A Proposal for Credentialing Health Manpower, six criteria were suggested for determining whether a health occupational group should be regulated. According to the report, a health occupational group should be regulated if:

a. the unregulated practice of an occupation will harm or endanger the health, safety and welfare of the public, and the potential for harm is recognizable and not remote or dependent on tenuous arguments:

b. the practice of an occupation requires a high degree of skill, knowlege and training, and the public requires assurance of initial skill and continuing occupational competence;

c. the functions and responsibilites of the practitioner require independent judgment and the members of the occupational group practice independently;

d. the scope-of-practice of an occupation is distinguishable from other licensed and unlicensed occupations;

e. the economic impact on the public of regulating this occupational group is justified; and

f. there are no adequate alternatives to regulation (i.e., statutory certification or registration) that will protect the public.

Over the last decade, many states informally developed criteria for deciding when to regulate an occupation, and since 1980, states have begun to formally adopt these criteria in what are known as "sunrise" programs.

By 1984, six states had adopted sunrise programs. Although the processes differ, the purpose is the same: to review and analyze requests from occupations for new forms of state regulation. After requests are reviewed, typically by a committee of health professionals, state regulators and consumers, a recommendation on each request is made on whether regulation is needed and at what level. At least six states are currently considering sunrise legislation. (See Table A-1 for more information on sunrise actions taken during 1985 affecting the behavioral science professions.)

I. C. 3. Mandated Benefits: States are enacting laws that require insurance policies to cover specific types of services (such as alcoholism treatment or mental health services), or services of specific health practitioners. Laws that would mandate coverage of one or more of the behavioral science professions for counseling services are among the most frequently considered by the states of the mandated benefits laws during the 1980's.

State legislatures are facing increased numbers of proposed bills mandating coverage of health care practitioners. There are both positive and negative aspects to expanding mandated coverage. Encouraging improved access to the services may be beneficial to the public. However, there is concern that mandated benefits increase the cost of health insurance because of the expanded access to an increased demand for expensive health care services.

In 1984, the State of Washington passed a bill establishing guidelines which must be addressed for all mandated coverage proposals before the legislature considers the bill.

In reviewing the case, Metropolitan Life Insurance Company versus Commonwealth of Massachusetts, the U.S. Supreme Court ruled in June 1985 that states can mandate benefits in state insurance law. Specifically, the Court found that a 1976 Massachusetts law mandating mental health benefits did not violate the federal Employee Retirement Income Security Act of 1974. Thus, the issue of when and whether to mandate coverage of services and health practitioners is back in the legislative arena for resolution. (See Chapter III for further discussion of mandated benefits.)

I. D. Purpose and Methodology of Report

This report is intended for state and federal policymakers, college and university health educators, professional association staff, and health care practitioners. The report has two purposes:

1. To provide an overview of the issues and state activities concerning state regulation of counselors, psychologists, and social workers; and
2. To provide current 50-state comparative data summaries on the most frequently asked questions about how states regulate the behavioral science professions.

In developing the tables for the three health professions included in this report, project staff read the statutes and regulations and compiled the tables from the state laws. Thus, this report reflects information contained in state laws, not garnered by a 50-state survey. The tables and narrative were reviewed by the Advisory Committee and selected experts in the particular health field.

I. E. Structure of the Report

This report is structured with a general Introduction (Chapter I), followed by Table II.1 in Chapter II that lists states regulating the professions of counselors, psychologists and social workers. Chapter III contains an in-depth examination of the key issues facing the behavioral sciences. Chapters IV - VI contain brief narratives and in-depth tabular summaries of state structures and policies concerning the state regulation of counselors, psychologists and social workers, respectively.

Appendix A-1 summarizes state sunset reviews of the behavioral science professions in 1984-85, while Appendix A-2 lists state sunrise agendas and recommendations for the behavioral science professions. Appendix A-3 lists national organizations which can be contacted for further information on the individual behavioral science professions.

I. E. 1. Key Terms Defined

Each of the three health professions reviewed in depth in this report are covered by nine tables; they are: Table 1 - Type of State Regulation; Table 2 - Organizational Pattern of State Regulatory Boards; Table 3 - Functions of Licensing Boards and Agencies; Table 4 - Enforcement Functions of Licensing Boards and Agencies; Table 5 - Examination of Applicants; Table 6 - Initial Requirements for Licensure; Table 7 - Schedule of Fees; Table 8 - Reciprocity and Endorsement; and Table 9 - Continuing Education Requirements.

Citations are listed for each table (except Tables 3 and 7) indicating the statute or regulation section listing the appropriate data. Citations appear where there are single source sections to cite and are not included where more than one section was used to extract the data.

Each table has footnotes to explain particular cases; however, terminology common to each table for all professions is defined below.

I. E. 2. Key Terms for Tables 1, 3, 4 and 8 Defined

Table 1 - Type of State Regulation

Licensure: Licensure restricts the scope of practice so that it is illegal for a non-licensed person to perform the specified services. This is the most restrictive of the three methods of regulation. In this survey, "licensure" means that is is illegal for a person to practice the profession without first meeting the standards imposed on the profession by the state and its regulating agency.

Certification: Certification limits the use of particular titles to persons meeting predetermined requirements set by a state agency. Those without the title may perform the services of the profession, but only those certified may use the title in conjunction with the practice of the service.

Registration: Registration can simply require a person to provide his name, address and training to a state agency or can require individuals to first meet a set of minimum standards before registering. This form of regulation is appropriate when the threat to public health, safety and welfare is small.

Table 3 - Functions of Licensing Boards and Agencies

In approving or accrediting educational programs, the board may have approved a national agency to accredit an educational program. Using the example of occupational therapists, the board has the power to approve educational programs but has chosen to approve programs accredited by the American Medical Association (AMA) and/or the American Occupational Therapists' Association (AOTA). The board still has the power to approve programs that are not recognized by the national accrediting agency.

Regional refers to accreditation by one of six regional accrediting agencies that compose the Association of Secondary Schools and Colleges. The six are the New England Association of Colleges and Schools, the Middle States Association of Colleges and Schools, the North Central Association of Colleges and Schools, the North Western Association of Colleges and Schools, the Southern Association of Colleges and Schools, and the Western Association of Colleges and Schools.

Table 4 - Enforcement Functions of Licensing Boards and Agencies

Suspend: The professional is not permitted to practice for a period of time.

Revoke: Involves the involuntary termination of the professional's license.

Restrict License: A reduction in the scope of practice.

Censure: Similar to a reprimand. The agency makes an official statement of displeaseure concerning the individual.

Reprimand: The administrative agency reproves the professional. There may be public or private reprimands.

Probation: The professional is permitted to practice, but the agency has imposed conditions upon the practice. Once the time period has elapsed, the practitioner may resume unconditionally.

Fine: A monetary penalty imposed by the administrative agency for a violation of an administrative rule or regulation.

Other: Can include mandated refresher courses for practitioners in particular subjects when the practitioner has demonstrated weakness in selected areas of practice.

Table 8 - Reciprocity and Endorsement

Endorsement: As used in this survey, endorsement is a waiver of the licensure examination if certain conditions are met. Each state has different conditions which are delineated as footnotes on the tables dealing with reciprocity and endorsement.

Reciprocity: The professional may practice in a state other than in the one originally licensed only if the state which issued the original license allows the professionals licensed in the entering state. There are conditions which accompany reciprocity in many of the states.

CHAPTER II

STATE REGULATION OF THE BEHAVIORAL SCIENCE PROFESSIONS

TABLE II-1
State Regulation of the Behavioral Sciences Professions

	Counselor Pastoral Guidance, Family & Marriage	Psychologist	Social Worker
ALABAMA	L	L	L
ALASKA		L	
ARIZONA		C	
ARKANSAS	L	L	L
CALIFORNIA	L	L	L
COLORADO		L	L/L/R*
CONNECTICUT	C	L	
DELAWARE		L	L
FLORIDA	L	L	L
GEORGIA	L	L	L
HAWAII		L	
IDAHO	L	L	L
ILLINOIS		C	R
INDIANA		C	
IOWA		L	L
KANSAS		C	L
KENTUCKY		L	L
LOUISIANA		C	L
MAINE	R	L	R
MARYLAND	C	L	L
MASSACHUSETTS		L	L
MICHIGAN	R	L	R
MINNESOTA		L	
MISSISSIPPPI		L	
MISSOURI		L	
MONTANA	L	L	L
NEBRASKA		L	
NEVADA	C	L	
NEW HAMPSHIRE	C	C	C
NEW JERSEY	L	L	
NEW MEXICO		C	
NEW YORK		L	L
NORTH CAROLINA	C	L	C
NORTH DAKOTA		L	L
OHIO	L	L	L/R**
OKLAHOMA		L	L
OREGON		L	R
PENNSYLVANIA		L	
RHODE ISLAND		C	R
SOUTH CAROLINA	L	L	R
SOUTH DAKOTA		L	L
TENNESSEE	C	L	L
TEXAS	L	L	L/C**
UTAH	L	L	L
VERMONT		L	
VIRGINIA	L/C**	L	L
WASHINGTON		L	
WEST VIRGINIA		L	L
WISCONSIN		L	
WYOMING		L	
DC		L	
GUAM			
VIRGIN ISLAND			
Puerto Rico		L	

Key: L = Licensure; C = Certification; R = Registration

Source: Health Professions Licensure Information System, September 1985

*Three levels of social work practice are requested.

** Two levels of social work practice are requested

CHAPTER III

KEY ISSUES FACING THE BEHAVIORAL SCIENCE PROFESSIONS

Introduction

State regulation of the behavorial science professions (which typically include the fields of psychology, social work, counseling, and marriage and family therapy) is in a state of flux. In some states, concerned consumers of these services have formed groups to help victims of counseling and psychotherapy abuse, and to push for stricter and better-defined state laws governing the behavioral science professions. In Seattle, Stop Abuse by Counselors is lobbying hard for comprehensive legislation that will require all counselors to register with the state and to give their clients a Patient's Bill of Rights. In New York, the National Committee for Preventing Psychotherapy Abuse places a high priority on bringing the problems of psychology abuse to the attention of state policymakers and leading the public debate about possible effective reforms in the regulatory system.

At the same time, legislators are facing an apparently unprecedented number of requests from the behavioral science professions and other allied health occupations for state regulation. The large majority of requests are for state licensure. Because of concern over the impact of licensure on health care costs for the consumer and whether there is a clear and convincing need for state regulation of specific occupations and professions, legislators are faced with difficult decisions on whether to and how to regulate health professions.

The key legislative and regulatory issues that currently are extant in the behavioral science professions are in effect a case study for the key issues in state regulation of the health occupations and professions. Certain of the issues, such as mandated reimbursement under insurance policies for counseling services, may not be as important for certain non-behavorial science professions. But in nearly every case, the issues are now or will be in the near future, issues for every health occupation and profession. Thus, this chapter examines the behavorial science professions as a microcosm of the state regulatory arena and develops descriptive and analytical information on issue areas. The issues that will be covered include:

a. Concern over the impact of new state regulation;
b. Determining the need for and type of state professional regulation;
c. Defining the scope-of-practice under state regulation;
d. Independent practice, mandated benefits laws and third-party reimbursement; and
e. Dealing with the incompetent practitioner and strengthening enforcement.

A. Concern Over the Impact of New State Regulation

State regulation of the professions is an exercise of the state's police power and traditionally has been invoked when one or more of the following situations exist:

1. Unqualified practice poses a serious risk to a consumer's life, health, safety or economic well-being;
2. Such risks are likely to occur;
3. The public cannot accurately judge a practitioner's qualifications; and
4. Benefits to the public clearly outweigh potential harmful effects of licensure (such as a decrease in the supply of practitioners).

Failure to meet these criteria, in general, indicates that licensure is not justified, or that some alternative form of regulation such as registration or certification may be appropriate.[1]

But since the 1970's, with the advent of new technology and continuing health care specialization which have spawned new allied health professions and the large yearly increases in health care costs, state and federal policymakers have re-examined the possible factors responsible for increasing health care costs. At the same time, since the mid 1970's, a general belief in the positive benefits deriving from deregulation of government programs has been on the ascendency among state and federal policymakers. Purported benefits include eliminating nonproductive programs, reducing cost of services, improving administrative services, and increasing consumer choices among products and services at all cost ranges. In practice, deregulation was implemented most aggressively at the federal government level through airline and telecommunications deregulation. At the state level, deregulation fervor was most explicitly embodied in sunset laws which a majority of the states quickly adopted after Colorado passed the first sunset law in 1976. A decade later, thirty-eight states had enacted sunset laws.

Occupational and professional licensing boards were included in sunset audit reviews in every state. As state policymakers and staff became more educated about professional regulation as a result of sunset reviews, concerns were raised that professional regulation had costs as well as benefits to consumers and the state. Yet the costs and benefits were hard to measure empirically. A short list of the possible costs and benefits resulting from professional regulation which proponents and opponents typically put forth include the following:

Benefits of Professional Regulation

1. Protects the public from incompetent and untrained charlatans;
2. Provides an aggrieved consumer redress through the regulatory board or agency; and
3. Ensures that practitioners have minimum educational and/or experience standards needed to carry out the professional practice

Costs of Professional Regulation

1. May unnecessarily restrict number of people in a profession due to unnecessarily high education and experience requirements;
2. Such restricted supply may raise costs of the services to consumers;
3. Regulation may give consumers a false sense of security about the quality of practitioners since most regulatory boards focus on initial competency and not continued competency; and
4. Statutory scopes-of-practice may restrict and limit innovation in professional practice, and may lead to the underutilization of allied health and emerging occupations.

B. Determining the Need for and Type of State Professional Regulation

State legislatures are inundated with requests for occupational and professional regulation. Many legislators believe they cannot deal with these requests adequately because they do not have sufficient time or the technical expertise to make decisions on the regulation of occupations. In addition, it is difficult to make informed decisions on licensure of health care professions during the short time frame of a legislative session.

Sunrise is a process whereby the occupational group supporting initial regulation or a change in current regulatory law must demonstrate the need for regulation by addressing criteria and answering questions previously established and adopted by the legislature or by an official administrative body. The resulting report from the occupational group is then examined by a legislative or administrative committee and, in most cases, a recommendation is made to the legislature. Sunrise, in theory, allows legislators to vote on a bill that they know has been thoroughly reviewed and debated.[2]

By mid-1986, fourteen states had adopted sunrise programs. The structure and process differs considerably across the states: some states use a legislative committee to review applications; others use specially appointed executive-branch committees composed of health care professionals and state regulators; and several states use established executive branch commissions to review all requests for new regulation. The one factor each state has in common with the other sunrise states is that each state adopts a set of questions or standards which must be addressed in writing by occupational groups requesting new state regulation.

The federal government played a significant role in the 1970's in focusing the national debate on policy issues pertaining to state credentialing of health personnel. In a 1977 report on Credentialing Health Manpower, the U.S. Department of Health, Education and Welfare proposed five criteria for state policymakers to consider before granting licensure, statutory certification, or registration. These criteria included:

1. In what way will the unregulated practice clearly endanger the health, safety, and welfare of the public, and is the potential for harm easily recognizable and not remote or dependent on tenuous argument?
2. How will the public benefit by an assurance of initial and continuing professional competence?

3. Can the public be effectively protected by means other than licensure?
4. Why is licensure the most appropriate form of regulation?
5. How will the newly licensed category impact upon the statutory and administrative authority and scopes-of-practice of previously licensed categories in the state?

These criteria have been adapted and adopted by nearly every state sunrise program. Frequently states have expanded on these five criteria.

A representative set of criteria are contained in the State of Washington's sunrise bill and are as follows:[3]

1. Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for harm is easily recognizable and not remote;
2. The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability;
3. The public cannot be effectively protected by other means in a more cost-beneficial manner; and
4. The least restrictive alternative method of regulation should be implemented, consistent with the public interest.

One of the key reasons for sunrise is to assess the costs and benefits of proposed new regulation. In 1986, Minnesota's Department of Health adopted rules which further defined the statutorily prescribed review factor of "cost effectiveness and economic impact" in their sunrise process. The rules assert that in determining whether the overall cost effectiveness and economic impact of new state health personnel credentialing would be positive for the citizens of Minnesota, these criteria shall be considered:

a. Positive cost effectiveness and economic impact results where the benefits expected to accrue to the public from a decision to regulate an occupation are greater than the costs resulting from that decision.

b. Cost effectiveness and economic impact can be evaluated through consideration of the following factors:

1. Degree to which regulation has the effect of directly or indirectly increasing the costs of goods or services provided by applicant group;
2. Impact upon the supply of practitioners of the regulated occupation;
3. Degree to which the existing practitioners will be precluded from practice because of regulation;
4. Restrictions, if any, on innovations in the delivery of care or service as a result of the regulation;
5. Costs of additional education and training reouired as a result of the regulation of the occupation;
6. Manner in which, and the degree to which, regulation will result in improvement in the quality of care;
7. Degree to which services of the applicant group substitute for currently regulated occupations and estimated comparative costs of applicant group and currently regulated practitioners;
8. Degree to which services of the applicant group supplement currently regulated occupations;
9. Impact on expenditures by government and private third-party payors, if any, resulting from regulation of the occupation; and

10. Whether regulation facilitates access to direct reimbursement by practitioners for purposes of the government assistance programs, and estimated impact on program budgets.

Another issue considered by sunrise committees, in addition to whether states should regulate occupations, is at what level states should regulate occupations. In the large majority of cases, groups request licensure, the most restrictive type of state professional regulation. But two other alternatives -- certification (also called statutory certification) and registration -- are available options.

Washington's state legislature has recently considered an Omnibus Bill Relating to Counselors, Social Workers, Mental Health Counselors, and Marriage and Family Counselors. The legislation proposes that these behavioral science professions be registered with the state, not licensed. Instead, the bill seeks to educate consumers about their rights as clients and the individual practitioner whom the consumer may chose. One of the bill's provisions requires that before performing any practice with voluntary clients, therapists regulated under the bill must provide their clients with an accurate disclosure statement, or what is referred to as a Patient's Bill of Rights. (Full information on what the disclosure statement contains is listed below on page 35).

Other methods of informing and protecting the consumer may be considered as alternatives to state licensure. These include:

a. using private certification in lieu of state regulation, especially when private certifying agencies have met high standards for competency testing such as those met by members of the National Commission of Health Certifying Agencies;

b. using an articulated process or institutional format for joint review and regulation of the behavioral sciences, to provide a forum for resolving scope-of-practice disputes and other cross-disciplinary issues;

c. strengthening the enforcement process to find and discipline unscrupulous practitioners whether licensed, certified or registered; and

d. using the state's civil and criminal laws for consumer protection against unscrupulous practitioners in lieu of direct state regulation of the health practitioner.

C. Defining the Scope of Practice Under State Regulation

One of the major purposes of state professional regulation is to delineate the scope of practice for a regulated profession. According to sociologists, part of what constitutes a "profession" is a well-defined body of knowledge transmitted through a training and educational program. This body of knowledge and set of skills becomes the basis for defining the profession's scope of practice. To the extent that the new profession has not clearly defined its set of knowledge or differentiated itself from other professons, it is not a fully developed profession.[4]

A key problem with the proliferation of state credentialing has been establishing unique (i.e., non-overlapping) scopes of practice. In considering whether to regulate the behavioral sciences, a central issue is whether a unique scope of practice be identified to allow adequate practice enforcement activities. Two types of information can be used to consider this issue: 1. definitions of the profession and scope of practice as contained in enacted state law; and 2. the types of exemptions which are included in the practice act.

Scopes of Practice

First, a review of representative definitions of the professions as contained in state law.

Maryland law (Title 16: Chapter 16-101 (e)-(f)) says:

A. Practice psychology -- "Practice psychology" means to provide any person:

   (i) Any service involving the application of psychological principles, psychological methods, or psychological procedures for understanding, predicting, or influencing behavior, including the principles that relate to learning, perception, motivation, emotions, organizational relationships, and interpersonal relationships;

   (ii) Any service involving the application of psychological methods or psychological procedures for interviewing, counseling, psychotherapy, behavior modification, or hypnosis; or

   (iii) Any service involving the application of psychological methods or psychological procedures for constructing, administering, or interpreting tests of mental abilities, neuropsychological functioning, aptitudes, interests, attitudes, personality characteristcs, emotions, or motivations.

B. "Practice psychology" includes:

   (i) The application of psychological principles and psychological methods in the diagnosis, prevention, treatment, and amelioration of psychological problems, emotional conditions, or mental conditions of individuals or groups;

   (ii) The use of psychological methods to assist an individual in acquiring greater human effectiveness or to modify feelings, conditions, attitudes, or behavior that is emotionally, intellectually, or socially ineffectural or maladjusted; and

   (iii) The use of biofeedback instruments that do not pierce or cut the skin to measure physical and mental functioning.

C. In this subsection, "psychological methods," "psychological principles," and "psychological procedures" include the body of information that can be derived only from a graduate program in psychology, and other education or training recognized by the board as prerequisites for a license under this title, and that does not amount to the practice of medicine.

D. Psychologists -- "Psychologist" means an individual who practices psychology.

Connecticut law (Chapter 383, Section 20-187a) defines the practice of psychology as:

> The rendering under any title or description of services incorporating the words psychologist, psychological or psychology, to the public or to any public or private organization for a fee or other remuneration. Professional psychological services means the application, by persons trained in psychology, of established principles of learning, motivation, perception, thinking and emotional relationships to problems of personnel evaluation, group relations and behavior adjustment, including but not limited to counseling, guidance, psychotherapy and behavior modifications, with persons or groups with adjustment problems in the areas of work, family, school, marriage and personal relationships; measuring and testing of personality, intelligence, aptitudes, emotions, public opinion, attitudes and skills; and research on problems relating to human behavior.

The definition of the practice of social work as established in Kentucky and Texas laws are similar to other states' definitions.

Texas law (Title 2, Section 50.001) says:

> "Social work services" means the professional activity of helping individuals, groups, or communities enhance or restore their capacity for social functioning and creating societal conditions favorable to this goal. Social work services consist of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services, counseling with individuals, families, or groups, helping communities or groups provide social and health services, and participating in formulating relevant public policies. The practice of social work requires knowledge of human development and behavior, of social, economic, and cultural institutions, and of the interation of all these factors.

Kentucky law (KRS 335.020(2)) states:

> "The practice of social work" means the professional activity of helping for remuneration individuals, groups, or communities enhance or restore their capacity for social functioning and create societal conditions favorable to this goal. It includes the professional application of social work values, principles, and techniques to one or more of the following ends; counseling and non-medical psychotherapy with individuals, families and groups; helping people obtain tangible services; assisting communities or groups provide or improve social and health services; and engaging in social work education, research, planning and the appropriate administration of social work or social welfare services.

The definitions of "marriage and family therapy" are taken from Georgia and Utah laws. Utah law (Chapter 58-39-3(2)) says:

> "Marital and family therapy" means the process of providing professional marital and family psychotherapy to individuals, married couples and family groups, either singly or in groups. The practice of marital and family therapy utilizes established principles that recognize the interrelated nature of individual problems and dysfunctions in family members to assess, understand and treat emotional and mental problems. Marital and family therapy includes premarital, marital, divorce and family therapy, and is a specialized mode of treatment for the purpose of resolving emotional problems and modifying interpersonal and intrapersonal dysfunction.

Georgia law (Code 43-7A-3(13) states:

> "Marriage and family therapy" means that specialty within the behavioral science specialties which centers primarily upon family relationships and the relationship between husband and wife and which includes, without being limited to, premarital, marital, sexual, family, pre-divorce, and post-divorce issues. This therapy also involves an applied understanding of the dynamics of marital and family systems, along with the application of psychotherapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perception, attitudes, and behavior in the area of marriage and family life.

Analysis

Each of the three professions' scopes of practice has unique skills or practice principles specified. The marriage and family therapy scope of practice seems the most narrowly and explicitly defined. The common skill specified in each profession's scope of practice is counseling and psychotherapy. However, this is only one of a number of functions that each scope of practice lists for its respective profession.

One of the difficulties in defining a scope of practice, particularly for psychology and social work, is that there is a range of functions which individual members of the profession may perform but frequently one person does not perform all of the possible professional functions. For example, many state-regulated social workers are engaged in supervision, administration, case management, social planning, research or advocacy and perform little or no individual counseling. Likewise, social workers who specialize in psychotherapy may conduct few or any of these other functions.

Thus, the practice act must be broad enough to cover all these functions which almost necessarily means that it can not be narrow enough to have a unique scope of practice.

A study conducted by the National Commission of Health Certifying Agencies in 1979 -- Perspectives On Health Occupational Credentialing -- specifically examined the consistency of scopes-of-practice definitions within and between medicine, psychology and social work. The authors developed eight components of the scopes of practice with 45 sub-categories of functions which they used to apply content analysis to the three professions' 1978 state statutes. Based on this content analysis of the three professions' statutory scopes of practice, the authors concluded:[5]

1. significant overlap [in the scopes of practice] occurs in some components of intervention, in diagnosis, in some entrepreneurial aspects, and, between psychology and social work only, in some of the "other" components;
2. in the profession of medicine, scopes of practice tend to show great uniformity across states;
3. psychology, [scopes of practice] shows great diversity among states; and
4. social worker scopes of practice tend toward greater uniformity than is found in the psychology statutes but less than is found in the use of medicine.

Exemptions

A next step in deciding whether unique or substantially different scopes of practice can be identified is to consider what exemptions are written into the statutory practice acts to exclude certain people and activities from falling within the domain of professional practice.

Typical exemptions for requirements of licensure or certification as social workers, psychologists, and counselors are included in Virginia and Florida law. Virginia law (Article 5, Chapter 54-944) states:

> a. Persons who render services that are like or similar to those falling within the scope of the classifications or categories provided for in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and provided that the person rendering such service is not held out, by himself or otherwise, as a licensed or certified practitioner;
>
> b. The activities or services of a student pursuing a course of study in counseling, psychology, school psychology or social work in an institution accredited by a regional accrediting agency approved by the State Board of Education or under the supervision of a practitioner licensed or certified under this chapter; provided that such activities or services constitute a part of his or her course of study and are adequately supervised;
>
> c. The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within their scope of the performance of their regular or specialized ministerial duties, and for which no separate charge is made or when such activities are performed, whether with or without charge, for or under auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and when the person rendering service remains accountable to the established authority thereof;
>
> d. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such govermmental entity or of a private, non-profit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization.
>
> e. Persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment.

Florida law (Chapter 490.14) says:

> No provision of this chapter shall be construed to limit the practice of medicine, osteopathy, nursing, or other recognized business or profession or to prevent qualified members of other professions from doing work of a nature consistent with their training, so long as they do not hold themselves out to the public as possessing a license issued pursuant to this chapter.

These exemptions are extensive -- more extensive than any other state-regulated health profession. They essentially exempt people who counsel without charging fees, persons who work for state and federal governments or private firms as personnel staff, and numerous other professions such as ministers, doctors, nurses or other "recognized professions;" however, it must be recognized that many exemptions are placed in state laws because of political compromises, not solely because of an inability to define scopes of practice. The history of the adoption of social work licensure laws perhaps illustrates this point better than the other professions. David Jeffreys (Executive Director, American Association of State Social Work Boards) who has personally tracked the passage of most of the state social work laws over the last twenty-five years, commented on the political realities of exemptions:[6]

> Many of the exemptions in state social work laws have nothing whatsoever to do with a presumed inability to define scopes of practice. Public employees are usually exempted because of the spurious reasoning that public agencies hire qualified people and provide adequate supervision for them, and because of the objections of state personnel people that it would cost too much if state agencies had to hire qualified people. A version of the latter argument has been used by state hospital associations in securing exemption for hospital social workers. They say, in effect, that the cost of health care would escalate if hospitals had to hire qualified social workers. Religious agency employees are often excluded because the church agencies pull out the old argument of separation of church and state.

When the current state practice laws for the behavioral science professions are reviewed, the exemptions and the overlappng scopes of practice suggest that unique scopes of practice are not currently specified in state laws. By having such broad exemptions, one could argue that the current licensure laws which should restrict the practice of a profession to licensed practitioners are more accurately functioning as title protection laws, especially for practitioners in the private sector.

D. Independent Practice, Mandated Benefits Laws and Third-Party Reimbursement

During the past fifteen years, states have enacted laws that require certain services to be covered by health insurance laws. Such laws are called "mandated benefits" laws. A typical mandated benefits law would state that "all (or a certain type of, e.g., group) health insurance policies must provide benefits (either full or a specified minimum dollar amount) for X where "X" constitutes a specific item of health care service."[7]

The earliest mandated benefits laws generally covered alcohol and drug abuse treatment, or mental health services. More recently mandated benefits laws have been passed for a varied group of services, such as for prenatal and newborn services, or home health care services.

Mandated benefits laws are written in several ways: one type requires that the service be covered without referral to the provider of services while another type specifies, for example, that psychologists and clinical social workers shall be directly reimbursed for rendering mental health services. While both types of laws may allow reimbursement to a range of providers, the second type of law has been actively supported by professional associations which want to insure that their professional members will be eligible for direct third-party reimbursement. Such "freedom of choice" laws are still strongly supported by the American Psychological Association, the National Association of Social Workers, the National Federation of Societies for Clinical Social Work, and the American Association for Counseling and Development. In the past, many of the state mandated benefits laws requiring coverage of mental health services limited reimbursement to physicians or psychiatrists, thereby excluding the behavioral science professions from direct reimbursement. However, this has changed markedly in the last decade.

Chart III.1 lists the states that have mandated inclusion of a health profession's services by year in state law. Although the chart covers fourteen professions, for the purposes of this discussion, the focus will be on psychologists and social workers. By 1983, thirty-three states had passed laws that specifically referenced psychologists as eligible providers for third-party reimbursement for mental health or counseling services. Five of these laws were passed before 1974, nineteen between 1974 and 1979, and nine from 1980-1984. Similar freedom of choice laws continue to be introduced in states which have not yet adopted them.

By 1984, ten states had passed laws allowing licensed social workers (sometimes specified as clinical social workers) to receive direct reimbursement for mental health or counseling services rendered to clients. Six of these laws were passed between 1975 and 1979 while four were enacted between 1980 and 1983.

A more recent study released in 1986 by the U.S. General Accounting Office -- Clinical Social Work: State Laws Governing Independent Practice and Reimbursement of Services -- found twelve states with insurance laws that recognize clinical social workers as alternative providers of mental health services. "The actual language of state insurance laws recognizing clinical social workers as alternative providers of mental health services varies from a direct statement that the policies must give the policyholder the right to choose a clinical social worker if the policy includes mental health coverage, to language requiring the insurer to offer the policyholder the option of coverage that would permit the use of clinical social worker. One state, New Hampshire, permits an additional premium for the

CHART III.1

"MANDATED INCLUSION OF HEALTH PROFESSION'S SERVICES BY STATE AND YEAR ENACTED"

	Chiropractors	Dentists	Nurse Anesthetists	Nurse Midwives	Nurse Practitioners	Occupational Therapists	Osteopaths	Optometrists	Physical Therapists	Podiatrists	Psychiatric Nurses	Psychologists	Speech/Hearing Therapists	Social Worker
ALABAMA	75	75						67		76		82		
ALASKA	83	83			83		83	83						
ARIZONA	83	77										83		
ARKANSAS										75		75		
CALIFORNIA						78		80			82	80	78	76
COLORADO												79		
CONNECTICUT	71	75		84	84	82		75	75		84	75		79
DELAWARE														
FLORIDA	76			83					74		74			
GEORGIA												80		
HAWAII		74										84		
IDAHO											76			
ILLINOIS								80		81				
INDIANA	74	74					74	74		74				
IOWA								83						
KANSAS		73						73		73		74		82
KENTUCKY	80											75		
LOUISIANA	75	74												
MAINE	79	75						82			83	75		83
MARYLAND				78	79							73		77
MASSACHUSETTS		75										75		82
MICHIGAN												68		
MINNESOTA	73	73	83	83	83			73		73		75		
MISSISSIPPI	80			79	77							74		
MISSOURI	78	78				84		78		78		83		
MONTANA		83	83	83	83							81		
NEBRASKA		75		84								74		
NEVADA	82	75					75	75		75		80		
NEW HAMPSHIRE												81		83
NEW JERSEY	81	79		83								73		
NEW MEXICO	84	77		79			77					77		
NEW YORK		75		82					73			71		77
NORTH CAROLINA	73											77		
NORTH DAKOTA	79													
OHIO	80	73					80			80		74		
OKLAHOMA	71	71		71				71		71		71		
OREGON		71	80					76				76		
PENNSYLVANIA	81			82				78				78		
RHODE ISLAND														
SOUTH CAROLINA	80									72				
SOUTH DAKOTA			80		80									
TENNESSEE		74					82	65		81		74		
TEXAS	79	83						79		77		77	83	
UTAH	75			79				75		75		75		75
VERMONT														
VIRGINIA	79						77	77		77		77		79
WASHINGTON	83		81	81	81						71			
WEST VIRGINIA					83						77			
WISCONSIN	76							82						
WYOMING							71							
DC														

Note: The numbers in the table represent the year that a law was passed mandating health insurance coverage for services performed by these professionals.

Source: Compiled by Blue Cross/Blue Shield, Washington, DC, 1984.

option to use clinical social workers."[8] This study also found that no state medicaid programs currently recognize an independently practicing clinical social worker as an alternative provider of mental health services.[9]

Mandated benefits laws, especially those that include coverage of the behavioral science professions, are one of the hottest topics in the entire debate over whether and how to regulate the behavioral science professions. Why? Most state mandated benefits laws require the practitioner to be duly licensed by the state before the practitioner is eligible for direct third-party reimbursement. Thus practitioners want (and usually require) state licensure before they can receive third-party reimbursement for their services. Given this licensure/reimbursement connection, many observers blame the desire of allied health and behavioral science practitioners to receive third-party reimbursement for the large number of state licensure bills that state legislatures have received in the past decade. While there seems little doubt that this linkage exists, the primary policy question is: what impact on health care costs and quality of service does mandated benefit legislation have?

The distinction between mandatory coverage of services and mandatory access to particular providers needs to be made. There is clear evidence that mandatory coverage of services under state insurance laws has caused the price of insurance to rise. In 1984, Wisconsin had 13 statutes that mandated 25 different health care benefits, more than most states. One educated estimate was that these mandates increased health insurance costs by 13-18% a year for business employers who are not self-insured.[10]

On a small scale, the potential cost impact of mandating services can be seen in a real-life experiment at the University of Wisconsin - Madison.

In 1983, nearly one-third of the students who bought student health insurance took advantage of the mandatory psychiatric coverage. Forty-five percent of the claims were for alcohol, drug and psychiatric treatment. As a result, student health insurance rates in 1984-85 more than doubled from the 1983-84 rate.[11]

As already noted, frequently mandated benefits laws require coverage of services and payment to any state licensed practitioner eligible to provide such services. These types of laws increase overall health care costs because more people use the services (or charge the services to health insurance), and health care expenditures covered by third-party payors rise.

The second type of mandatory benefits legislation specifies additional providers who can receive reimbursement for services provided. There is some evidence that this type of legislation does not raise total health care costs but may actually lower costs. Why? Because lower cost practitioners under expanded practitioner coverage may provide the services. For example, nurse-midwives may substitute for physicians in obstetrics care, and clinical social workers may substitute for psychiatrists for psychotherapy.

The U.S. Office of Personnel Management conducted a study on whether additional health care practitioners authorized to receive payment as independent practitioners should be under the Federal Employees Health Benefits Program (FEHBP). This study particularly examined what the cost impact would be to expand payment to additional practitioners. After examining cost impacts of several pilot "expanded practitioner payment" programs the study concluded:[12]

> Historically, OPM and its predecessor agency, the Civil Service Commission, along with most of the major insurance carriers, have

> argued that mandating coverage of additional categories of providers would lead inevitably to an increase in utilization and, hence, drive up program costs. By and large, the FEHB carriers stated essentially the same concern in response to our request for their views on the advisability of extending coverage for the purposes of this study. OPM can no longer support this view. The adverse consequences forseen in 1973 in connection with mandating coverage for optometrists and psychologists proved largely chimerical. Under the MUA experiment, increased utilization, except in the case of chiropractors, was insignificant. Further, there is the incontestable fact that alternative providers have been recognized under many of our plans for a considerable period of time now, not only without adverse consequences, but in some cases with beneficial ones.

While the OPM study supported expansion of authorized practitioners who provide services, the authors warned against passing additional mandatory services because that would almost certainly lead to higher health care costs for FEHBP.

> There is real concern among the FEHB insurers that mandating coverage of practitioners is but the first step toward legislating coverage of alternative, and additional, health care procedures and services. OPM shares this concern. Not only is legislating benefits inconsistent with the negotiation of contracts and pro-competition concept of consumer choice among different packages of benefits, depending on the benefits involved, it has real potential for driving up costs and utilization. We strongly urge the Congress to withstand all pressures for movement in this direction.[13]

In response to the study, Rep. Mary Rose Oakar introduced the Federal Employees' Health Care Freedom of Choice Act of 1986 in May 1986. The main provision of the legislation requires FEHBP plans to directly reimburse qualified nurses, nurse practitioners, nurse anethetists, clinical social workers, marriage and family therapists, and chiropractors for covered services rendered to federal enrollees. In order to be reimbursed, these professionals must be licensed or certified as qualified providers under state law. (As of October 1, 1986, the legislation had not been enacted.)

Conclusion

States continue to enact additional mandated benefits laws which require that specific health services be offered and specific health practitioners be covered under payment for the services offered by health insurance companies in that state. There is clear evidence that mandating health services does raise the cost of insurance. There is mixed evidence about the cost impact of mandating coverage of additional health care practitioners.

Mandatory reimbursement to a range of practitioners offers the consumer more choices for receiving health care to the extent that lower-cost practitioners are substituted by consumers for higher-priced practitioners. Frequently, however, the insurance laws may refer to "licensed" health care practitioners as a necessary requirement for reimbursement. This requirement places a heavy burden on state legislators to enact new licensing statutes (and create additional state regulatory structures) for the many currently unlicensed behavioral science professions and allied health occupations.

E. Dealing with the Incompetent Practitioner and Strengthening Enforcement

The chief purpose of state regulation of the professions is to protect the public, but public testimony at legislative hearings and investigative reports in newspapers frequently point out that state licensing boards are not as fully effective in enforcement as in the assessment of initial competency.

Enforcement involves finding the incompetent or unethical practitioner and bringing a well-developed case to bear against them so that appropriate disciplinary sanctions can be taken.

Several studies, including one by the American Psychological Association, have found that at least five percent of male psychologists and fewer than one percent of female psychologists admit to having engaged in sexual contact or intercourse with clients during the course of treatment. The majority of these psychologists are likely to engage in sexual relations with more than one client.[14] Usually clients who have sexual relations with their therapists suffer long-term harm, including a loss of self-esteem, more frequent guilt and depression, and an increase in alcohol and drug abuse. Many of these people return to therapy at a later date to try to overcome these problems with a different therapist.[15]

The professional communities of psychologists and the other behavioral science professions consider sexual relations between a therapist and his client to be unprofessional and unethical conduct. Yet such incidents of sexual relations are infrequently reported to licensing boards by abused clients or later therapists.

The need to protect clients from sexual abuse and other unprofessional conduct is a principal reason professional associations say state licensure is needed for psychologists, counselors, social workers and others who practice psychotherapy. Clearly sexual abuse in psychotherapy is a serious problem, but it is not certain that state licensure as currently practiced can eradicate or is a necessary step to eradicate client sexual abuse by psychotherapists.

A range of options are under discussion or have recently been enacted in the state. Some of the main options are discussed below.

- Get Information to Clients

The State of Washington is considering legislation that would reouire every counselor of whatever title or style of practice to provide each prospective client with a disclosure statement. This statement would provide information on the counselor's training and experience but equally important, it lists acts of unprofessional conduct which are not acceptable forms of treatment under any circumstances. Sexual contact or intercourse are specifically referenced.

The disclosure statement would contain the following information:

1. Registration or certification under this chapter is not to be construed as an endorsement of, nor does it warrant, the effectiveness or appropriateness of any counseling discipline, theory, technique, or course of treatment, nor necessarily imply the competence of any person registered or certified under this chapter.
2. Personal information regarding the person registered or certified under this chapter:
    a. Name, business address, registration number, and phone number at which the person can be reached during regular business hours;
    b. Any relevant education, training, and experience; and
    c. Explanation of therapeutic orientation and areas of specialization.
3. Proposed course of treatment, including:
    a. Type, length, and timing of sessions;
    b. Special techniques employed;
    c. Method of establishing therapeutic goals, including client's level of involvement in negotiating goals, and method and frequency of reviewing goals and the client's progress towards the goal;
    d. Financial arrangements and requirements, including charges per session, policy regarding scheduled sessions missed, other anticipated charges, and terms of payment.

4. List of acts of unprofessional conduct subject to discipline and the address and phone number for referring complaints, if any, to the department.
5. The legal right to refuse any part of treatment.
6. The complete disclosures of the limits of confidentiality as prescribed by section 11 of this act.
7. Such other information as the director [of the Washington Department of Licensing] may determine by rule.

o Get Information to Counselors

Although efficacy of mandatory continuing education is not established, state professional associations could offer courses on how to deal with sexual attraction and transference during the therapeutic process. Such courses could also give counselors information on treatment programs or other options available in-state or out-of-state for further assistance to counselors who have sexual contact with their clients.

o Generate More Complaints and Work with "Victims"

Identifying sexually abusive therapists and building strong cases against them is very difficult. Too often abused clients don't feel strong enough to file a grievance knowing they will be asked to testify in public about what happened. They may feel guilty, blameworthy and embarrassed, and above all, unwilling to expose such a vulnerable part of themselves to the scrutiny of their families and the public.

The Minnesota Task Force on Sexual Exploitation, convened in 1984-85, considered this issue. Participants debated whether to require mandatory reporting by counselors of abusive counselors as they learn such information from clients who have been abused by a prior therapist. Mandatory reporting laws should generate more complaints and information for state enforcement authorities to use, but the laws have potentially negative impacts such as violating the rights of patients to privacy, and the right of counselors to protection against false or malicious accusations.[16]

The 1985 Minnesota law that resulted from the Task Force's report requires the second therapist to inform the client that the sexual contact that occurred was illegal and that they have the right to file charges against the first therapist. If the client declines to do so, the second therapist can decide whether or not to inform the appropriate regulatory board of the allegations, and provide the name of the accused therapist and the time and place of occurrence, but not the name of the client.[17]

Under a mandatory reporting law, the name of the client need not be disclosed. Rather, the regulatory board or the attorney general's office would be able to maintain records of complaints and use their scarce resources to actively investigate those practitioners who compile multiple complaints against them. Also, victims may be more willing to testify if others are ready to corroborate their testimony.

o Implement Tough Sanctions and Define Terms

Enforcement officials need a clearcut statutory basis for pursuing sexually exploitive therapists under unprofessional conduct sections or criminal misconduct statutes. The 1985 Minnesota law defines sexual relations with a client or former client as "criminal misconduct," and the therapist who is convicted can face criminal penalties (including a fine and possible prison term) as well as the revocation of his counselor's license.[18]

The Minnesota law also defines basic terms. Patient is a person who seeks or obtains psychotherapeutic services. Psychotherapist is a physician, psychologist, nurse, chemical dependency counselor, social worker, clergy, or other person, whether or not licensed by the state, who performs or purports to perform psychotherapy. Psychotherapy is defined as treatment, assessment or counseling of a person with a mental or emotional illness, symptom or condition.[19]

Equally as important, the Minnesota law recognizes that persons in therapy are vulnerable persons and are not in a position to give informed consent to having sex with their therapist. The law clearly places the full blame for sexual relations on the therapist, not the client. Under the Minnesota law, Emotionally Dependent means that the patient's or former patient's emotional condition is such that the psychotherapist knows or has reason to know that the patient or former patient is unable to withhold consent to sexual contact or sexual penetration by the psychotherapist. Therapeutic Deception means a representation by a psychotherapist that sexual contact or sexual penetration by the psychotherapist is consistent with or part of the patient's treatment. The law specifically states that if sexual penetration occurs during a psychotherapy session, consent by the complainant is not a defense. If the client or former client is emotionally dependent on the therapist, or if sexual penetration occurred by means of therapeutic deception, consent by the client is no defense.[20]

o Other Alternatives

Benjamin Shimberg, a thoughtful analyst of state regulatory policies in the behavioral sciences, suggests that all therapists, whether licensed, certified or registered -- should be required to carry malpractice liability coverage. In a recent speech, Shimberg said: "This recommendation was prompted by something that happened recently in Texas. An insurance company made a substantial out-of-court settlement in a case involving a psychologist. The psychology board revoked the offender's license. After two years the therapist appealed for reinstatement. The board allowed the therapist to resume practice on probation. Theoretically, he was to practice under supervision, but it did not work out that way. While still on probation, the therapist had sex with another client. Unfortunately, the client could not collect any damages because the therapist carried no malpractice coverage and he had transferred all of his assets to his wife. I believe it should be illegal to practice without coverage because without it, the victim has little possibility of recovering damages."[21]

State regulatory boards and agencies, and consumer protection offices can devote more resources to protecting the public from sexually exploitive therapists. First, each state needs a strong law that clearly defines who is covered, the offenses, and the possible penalties. Second, the enforcement resources will have to be allocated to identify alleged abusers, develop a strong case, and prosecute to the full extent of the state's powers. If state resources are not available to assist the victims, then state officials can refer victims to private clinics or other appropriate places for follow-up therapy.

FOOTNOTES

1. "State Regulation of Occupations and Professions," by Frances Berry and Douglas Roederer, Book of the States (Lexington, Kentucky: Council of State Governments, 1984) p. 420.

2. State Sunrise Programs: Deciding When to Regulate Health Professions, Ellen Hume (Lexington, Kentucky: Council of State Governments, 1986) p. 3.

3. State of Washington Statute, Substitute House Bill #359, Chapter 169, 1983, p.2.

4. The Regulation of Psychotherapists: Vol I, Daniel Hogen, (Cambridge, Massachusetts: Ballinger Publishing Co., 1979) p. 220-221.

5. Perspectives on Health Occupational Credentialing,(Washington, D.C.: National Commission of Health Certifying Agencies, 1979) p.85.

6. David Jeffries, personal communication, June 13, 1985.

7. From "State Statutes Mandating Coverage of Allied Health Practitioners," State Health Legislation Report, (Chicago, Illinois: American Medical Association, Aug. 1985) p. 32.

8. Clinical Social Work: State Laws Governing Independent Practice and Reimbursement of Services, (U.S. General Accounting Office: U.S. Government Printing Office, Washington, D.C. 1986) p.13.

9. Ibid, p. 14.

10. "Mandated Benefits Irk State's Biggest Health Insurers," by Kevin Dwyer, Milwaukee Journal, August 6, 1984, p.8.

11. "Health-Care Mandate Proposal could limit 'overuse and abuse'," by Kevin Dwyer, Milwaukee Journal, September 10, 1984.

12. "A Study Relating to Expanding the Class of Health Practitioners Authorized to Receive Direct Payment or Reimbursement In Accordance with 5 U.S.C. 8902 (R) 11)," U.S. Office of Personnel Management (Washington, D.C.: U.S. Government Printing Office, 1986) p. 28.

13. Ibid, p.30.

14. "Psychotherapist-Patient Sex: A Proposal for a Mandatory Reporting Law," by Joseph C. George, Pacific Law Journal, Vol. 16, Jan 1985.

15. From a speech presented by John B. Welsh, Jr. at session on "Sexual Abuse by Practitioners" at Fifth Annual CLEAR Conference, Orlando, Florida, August 14, 1985.

16. From a speech presented by Benjamin Shimberg on "Sexual Abuse of Clients: A Powder Keg Issue" at the Fifth Annual CLEAR Conference, Orlando, Florida, August 14, 1985, p.5.

17. Ibid, p. 5.

18. Ibid, p. 4.

19. Ibid, p. 4.

20. Ibid, p. 5.

21. Ibid, p. 4.

CHAPTER IV

STATE REGULATION OF COUNSELORS

COUNSELORS

Type of State Regulation

Six different types of counselors are regulated by the states: professional counselors, marriage and family therapists, pastoral counselors, drug counselors, alcoholism counselors, and substance abuse counselors (see Table IV-1). Few states regulate pastoral counselors (i.e., two states), drug counselors (i.e., one state), alcoholism counselors (i.e., one state), and substance abuse counselors (i.e., one state), and in each case, the level of state regulation is certification or registration, not licensure.

Ten states regulate professional counselors, eight through licensure and two through certification. (Note: During the 1985 legislative sessions, five additional states -- Maryland, Montana, Mississippi, Oklahoma and Missouri, passed counselor legislation but have not yet developed the necessary administrative regulations.)

Eleven states regulate marriage and family therapists: five states through licensure, five states through certification, and one state through registration.

Virginia regulates all six types of counselors except substance abuse counselors. Three other states (Florida, Georgia and Tennessee) regulate both professional counselors, and marriage and family therapists.

PROFESSIONAL COUNSELOR

Scope of Practice

Five states (Arkansas, Florida, Georgia, North Carolina and Texas) use a scope of practice statement to define the practice of professional counseling where "scope of practice" shall mean rendering or offering to render to individuals, groups, organizations or the general public any service involving the application of principles, methods, or procedures of the counseling profession which include but are not restricted to:

1. "Counseling" which means assisting an individual or groups, through the counseling relationships, to develop understandings of personal problems, to define goals and to plan action reflecting his or her interests, abilities, aptitudes and needs as these are related to personal-social concerns, occupations and careers, and educational progress.
2. "Appraisal activities" which means selecting, administering, scoring and interpreting instruments designed to assess an individual's aptitudes, attitudes, abilities, achievements, interests and personal characteristics, but shall not include the use of projective techniques in the assessment personality.
3. "Consulting" which means interpreting or reporting scientific fact or theory to provide assistance in solving current or potential problems of individuals, groups, or organizations.
4. "Referral activities" which means the evaluating of data to identify problems and to determine the advisability of referral to other specialists.
5. "Research activities" which means reporting, designing, conducting, or consulting on research in counseling with human subjects.

Alabama's scope of practice contains all but sections (3), (4) and (5). Virginia utilizes all but section (5) within its scope of practice. Idaho informs the practitioner what his/her scope of practice is when the original license is sent so that allowable scopes of practice are directly linked to an individual's educational and training background.

MARRIAGE AND FAMILY THERAPY

Marriage therapy is a specialized counseling service afforded to individuals and married couples which centers primarily upon the relationship between husband and wife. An example of a scope of practice which is representative of most states' scope of practice section is found in New Jersey law:

> The practice of marriage counseling consists of the application of principles, methods and techniques of counseling and psychotherapy for the purpose of resolving psychological conflict, modifying perception and behavior, altering old attitudes and establishing new ones in the

> area of marriage and family life. In its concern with the antecedents of marriage, with the vicissitudes of marriage, and with the consequences of the failure of marriage, marriage counseling keeps in sight its objective of enabling marital partners and their children to achieve the optimal adjustment consistent with their welfare as individuals, as members of a family, and as citizens in society.

The Model Act developed by the American Association of Marriage and Family Therapy differs somewhat from the above statute in that there is an emphasis placed on the health-service aspect of marriage therapy:

> "Marital and family therapy" means the diagnosis and treatment of nervous and mental disorders, whether cognitive, affective, or behavioral, within the context of marital and family systems. Marital and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, marital pairs, and families for the purpose of treating such diagnosed nervous and mental disorders.

Utah's practice act incorporates the health service orientation.

Organization of State Regulatory Bodies and Functions

Organizationally, the regulatory structures for counselors are diverse. For professional counselors, six states have a board of examiners in counseling, three states have a composite board regulating counselors, social workers, and marriage and family therapists, while one state employs a departmental administrator to exercise regulatory functions.

The size of counseling boards ranges from four to 11 people. Six of the eight boards have public members and all of the boards have a majority of members who are counselors, or members of the regulated professions.

Six states have a board of marriage and family counselors, three states have a composite board regulating marriage and family therapists (MFTs), and two states delegate regulatory functions to departmental administrators. Six of the eight boards have public members; only California has a majority of public members. Marriage and family therapy boards are composed of MFTs or other members of professions regulated by composite boards.

Pastoral counselors, drug counselors, alcoholism counselors, and substance abuse counselors regulatory structures are each unique since so few exist (see Table IV-2).

In a majority of states, the regulatory board grants approval of educational programs accredited by one of six regional accrediting agencies of the Association of Secondary Schools and Colleges (see Table IV-3). In the other states, the board has statutory authority to approve and accredit educational programs.

Each regulatory board or administrator has the power to suspend and revoke licenses and certifications, and to investigate complaints (see Table IV-4). Georgia's law provides the widest range of sanctions, including restricted licensure, reprimand, probation, administrative fines, and "other disciplinary actions," while Florida and Tennessee each provide several types of sanctions beyond suspension and revocation.

All states except one regulating professional counselors, require applicants to sit for a written exam, while seven of 11 states regulating MFTs use a written exam for state licensure or certification. Applicants for pastoral counselors are not examined, but those for drug, alcoholism, and substance abuse counselors are given both written and oral exams (see Table IV-5).

Requirements for Licensure

In order to apply for a state license or certificate as a professional counselor or MFT, an applicant must have a masters degree in an appropriate educational program and have from one to five years in relevant job experience under supervision. Few states have citizenship or residency requirements. Most states either specify that applicants must be of good moral character or furnish letters of reference to the board. The pastoral, drug, alcoholism, and substance abuse counselors primarily require work experience for certification application (see Table IV-6).

Fee Schedule

The fee schedules for application, renewal and other fees are listed in Table IV-7.

Interstate Recognition of Credentials

For professional counselors, MFTs and other counselors, most states endorse the license or certification granted by another state, provided that requirements for state regulation are substantially similar (see Table IV-8).

Continuing Education Requirement

Six of the eight states that license professional counselors require continuing education credits as a condition of renewal while two states do so for MFTs (see Table IV-9).

TABLE IV-1

COUNSELORS
TYPE OF STATE REGULATION*
PROFESSIONAL COUNSELORS

STATE	TYPE	CITATION
Alabama	Licensure	CA 34-8A-2.1
Arkansas	Licensure	Act 593-3a
Florida	Licensure (a)	FS 490.005(2)c
Georgia	Licensure	OC G 43-7A-7
Idaho	Licensure	IC 54-3401
North Carolina	Certification	GLNC 90-331
Ohio	Licensure	AM Sub.H.B.205-4757.02(A)
Tennessee	Certification	HB 2093-10
Texas	Licensure	ART 4512g.2-1
Virginia	Licensure	CV-BPC4.2
	MARRIAGE AND FAMILY THERAPISTS	
California	Licensure	Bus. & Prof. Code 4980
Connecticut	Certification (b)	CGS 383a-20-195b
Florida	Licensure	FS 490.005
Georgia	Licensure	OCG 43-7A-7
Michigan	Registration	Act 299 of 1980
Nevada	Certification	NRS 641A.040
New Jersey	Licensure	NJSA 45:8B-2a
North Carolina	Certification	GSNC 90-270.48
Tennessee	Certification	TCA 63-22-109
Utah	Licensure	UCA 58-39-4
Virginia	Certification	CV-BPC 2:3:8
	PASTORAL COUNSELORS	
New Hampshire	Certification	NHRSA 330-A:16c
Virginia	Certification	CV-BPC 2.3:C
	DRUG COUNSELOR	
Virginia	Certification	CV-Doc 6.1
	ALCOHOLISM COUNSELOR	
Virginia	Certification	CV-Doc5.1
	SUBSTANCE ABUSE COUNSELOR	
Maine (c)	Registration	Rules

KEY:

* States which adopted counselor laws during the 1985 legislative session were not included in this study

a Referred to as mental health counselor

b CT certifies as Marriage & Family Therapists, those applicants who have been accepted by the American Association of Marriage & Family Therapy

c In Maine a person is not required to be registered or provisionally registered in order to perform substance abuse counseling

Source: HPLIS/CSG; December 31, 1984

TABLE IV-2

COUNSELORS
ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS
PROFESSIONAL COUNSELORS

STATE	NAME	PROF.	PUB.	OTHER	TOTAL	CITATION
Alabama	Board of Exam. in Coun.	5**	2	0	7	CA 34-8A-4
Arkansas	Board of Exam. in Coun.	6**	1	0	7	Act 594-5
Florida	Dept. of Prof. Regulation[a]	0	0	0	0	FS 490.015
Georgia	See (b)	3	1	6[c]	10	OCG 43-7A-4
Idaho	St. Counselor Lic. Bd. Dept. of Self-Govern. Agen.	3*	1	0	4	IC 54-3403
N. Carolina	Bd. of Reg. Prac. Counselors	5**	2	0	7	GLNC 90-333
Ohio	Counselor & Social Worker Bd.	4	3	4[d]	11	HB 205-4757.03
Tennessee	See (e)					
Texas	Bd. of Examiners of Pro. Coun. Dept. of Health	9	0	0	9	TCSA 6F-4512g-5
Virginia	Bd. of Prof. Counselors	7*[g]	0	0	7	VC 54-933

MARRIAGE AND FAMILY THERAPISTS

STATE	NAME	PROF.	PUB.	OTHER	TOTAL	CITATION
California	Bd.of Behavorial Science Ex.	2	6	3[m]	11	
Connecticut	Dept. of Health Services	0	0	0	0	CGS 3832-20-195b
Florida	Dept. of Prof. Regulation[a]	0	0	0	0	FS 490.015
Georgia	See (b)	3	1	6[h]	10	OCG 43-7A-4
Michigan	Board of Marriage Counselors Dept. of Licensing & Reg.	6	0	0	6	ART. 15 sec.1502
Nevada	Bd. of Marriage & Family Counselor Examiners	4	2	0	6	NRS 641A.100
New Jersey	St. Bd. of Marriage Counselor Examiners Dept. of Law & Public Safety	5	2	0	7	NJSA 45:8B-9
N. Carolina	Marital & Family Therapy Certification Bd.	4	3	0	7	GSNC 90-270.50

TABLE IV-2

Page 2 of 3

STATE	NAME	PROF.	PUB.	OTHER	TOTAL	CITATION
Tennessee	See (e)					
Utah	Cmte. of M&F Therapists Dept. of Business Reg.	4	1	0	5	
Virginia	Bd. of Prof. Counselors Bd. of Behavioral Science	1	0	6*[f]	7	VC 54-933
	PASTORAL COUNSELORS					
New Hampshire	Bd. of Ex. of Psychology	1	1	5*[i]	7	RSA 330-A:3
Virginia	Bd. of Prof. Counselors Bd. of Behavioral Science	1	0	6*[j]	7	VC 54-933
	DRUG COUNSELOR					
Virginia	Substance Abuse Cert. Cmte. Bd. of Prof. Counselors Bd. of Behavioral Science	2	0	3[k]	5	VC 54-934.1
	ALCOHOLISM COUNSELOR					
Virginia	Substance Abuse Cert. Cmte. Bd. of Prof. Counselors Bd. of Behavioral Science	2	0	3[l]	5	VC 54-934.1
	SUBSTANCE ABUSE COUNSELOR					
Maine	Bd. of Regis. of Sub. Abuse Coun. Dept. of Business Reg.	7	2	0	9	Rules

KEY:

*One member engaged in education
**Two members engaged in education
***Three members engaged in education

a Regulatory functions are performed by the Director of the Division of Registration, DPR
b Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists, will be established July 1, 1985
c Three licensed social workers; three licensed marriage and family therapists
d Two social workers and two independent social workers
e Board of Certification for Professional Counselors, and Marital and Family Therapists consists of the membership of the state licensing board for the healing arts

TABLE IV-2

f See Footnote (d) plus one pastoral counselor in place of the marriage and family therapist

g See Footnote (d) plus pastoral counselor

h Three licensed social workers; three licensed professional counselors

i Two certified psychologists; one associate psychologist; one teacher of psychology who has a doctoral degree; and one certified clinical social worker

j Two members from the Substance Abuse Certification Committee; one teacher of counseling; one educational counselor; one rehabilitation counselor; one marriage an family counselor

k Two members eligible for certification as alcoholism counselors; one eligible as either a drug or alcoholism counselor

l Two members eligible for certification as drug counselors; one eligible as either a drug or alcoholism counselor

m Two licensed clinical social workers; one licensed educational psychologist

Source: HPLIS/CSG; December 31, 1984

TABLE IV-3 Page 1 of 2

COUNSELORS
FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAM	PROMULGATE REGULATIONS
Arkansas	Board	Regional	Board
Alabama	Board	Regional	Board
Florida	Dept.	Dept.(a)	
Georgia	Board	Board	Board
Idaho	Board	Board	Board
North Carolina	Board	Regional	Board
Ohio	Board (g)	(h)	Board
Tennessee	Board	SACS (b)	Board
Texas	Board	Regional	Board/Dept.
Virginia	Board	Regional or (c)	Board
		MARRIAGE AND FAMILY THERAPIST	
California	Board	WASC/NASHS (d)	Board
Connecticut	(i)	Regional	
Florida	Dept.	(a)	Dept.
Georgia	Board	CAMFTE (e)	Board
Michigan	Board	Board	Board
Nevada	Board	Board	Board
New Jersey	Board	Board	Board
N. Carolina	Board	Board	Board
Tennessee	Board	(f)	Board
Utah	Dir. of Div. of Registration	CAMFTE (e)	Committee
Virginia	Board	Regional or (c)	Board
		PASTORAL COUNSELORS	
New Hampshire	Board	Regional	Board
Virginia	Board	Regional or (c)	Board
		DRUG COUNSELOR	
Virginia	Board	Committee	Board
		ALCOHOLISM COUNSELOR	
Virginia	Board	Committee	Board
		SUBSTANCE ABUSE COUNSELOR	
Maine	Board	Board	Board

KEY:

Regional- Refers to accreditation by one of six regional accrediting agencies that compose the Association of Secondary Schools and Colleges

a	College or university accredited by an accrediting agency approved by the U.S. Department of Education
b	Southern Association of College and Schools (SACS is one of the six agencies referred to in note on Regional)
c	The Virginia State Council of Higher Education
d	Western Association of Schools and Colleges or the Northwest Association of Secondary and Higher Schools
e	Commission on Accreditation for Marriage and Family Therapy Education
f	America Association of Marriage and Family Therapists National Standards
g	With the recommendation of the Counselors Professional Standards Committee which consists of the Professional Counselor members of the Board and one representative of the general public
h	An accrediting agency accepted by the Board of Regents
i	The Connecticut Department of Health maintains a registry of those persons having been accepted by the American Association for Marriage and Family Therapy

Source: HPLIS/CSG; December 31, 1984

TABLE IV-4

COUNSELORS

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES
PROFESSIONAL COUNSELORS

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Alabama	CA 34-8A-16	x	x						a
Arkansas	Act 593 of '79-15	x	x						
Florida	FS 490.009	x	x			x		x	
Georgia	OCG 43-7A-17	x	x	x		x	x	x	a,b
Idaho	IC 54-3407	x	x						
North Carolina	GSNC 90-340	x	x						
Ohio	H.B. 205-4757.13	x	x						
Tennessee	TCA 63-22-110	x	x	x		x			a
Texas	TCSA 4512g-16	x	x						
Virginia	PC 6.2	x	x						

MARRIAGE AND FAMILY THERAPISTS

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
California	CBPC 4982	x	x						
Connecticut	d								
Florida	FS 490.009	x	x			x		x	
Georgia	OCG 43-7A-17	x	x	x		x	x	x	a,b
Michigan	R 338.1831	x	x						
Nevada	RSN 641A.310	x	x						
New Jersey	NJSA 45:8B-25	x	x						
North Carolina	GSNC 90-270-60	x	x						
Tennessee	TCA 63-22-110	x	x	x		x			a
Utah	UCA 58-39-8	x	x						
Virginia	PC 6.2	x	x						

TABLE IV-4

Page 2 of 2

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
PASTORAL COUNSELOR									
New Hampshire	RSA 330-A:14.3			x		x			c
Virginia	PC 6.2	x	x						
DRUG COUNSELOR									
Virginia	BS 3.3	x	x						
ALCOHOLISM COUNSELOR									
Virginia	BS 3.3	x	x						
SUBSTANCE ABUSE COUNSELOR									
Maine	R.3	x	x						

KEY:

a Board may take other disciplinary action
b Board may direct applicant to submit to such care, counseling, or treatment as the Board may direct
c Board may require applicant to participate in a program of continuing education in the area of deficiency
d The CT Department of Health has the power to investigate complaints and take disciplinary action

Source: HPLIS/CSG; December 31, 1984

TABLE IV-5

COUNSELORS
EXAMINATION OF APPLICANTS
PROFESSIONAL CONSELORS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alabama	x	May	May	CA34-8A-7.8
Arkansas	x	May	May	Act 593 of 1979,11
Florida	x (a)			FS490,005(c)5
Georgia	x	May	May	OCG 43-7A-9
Idaho	x			R,C-3
North Carolina	x			Rule 0502
Ohio	d			HB 205-4757.05
Tennessee	Exam required on or after July 1, 1986			TCA 63-22-107.b
Texas	x	May	May	R.681-164
Virginia	x	x		PC 3.1:D

MARRIAGE AND FAMILY THERAPISTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
California	x	May		CBDC 4980.40d
Connecticut	No (e)			
Florida	x (a)			FS 490.005(b)5
Georgia	x	May	May	OCG 43-7A-9
Michigan	No			
Nevada	x	May		RSN 641A.230
New Jersey	x	May		NJSA45:8B-19
North Carolina	x	May		GSN 90-270.55
Tennessee	Exam required on or after July 1, 1986			TCA 63-22-107.d
Utah	f			UCA 58-39-7
Virginia	No			

PASTORAL COUNSELORS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
New Hampshire	No	yes		PSY 604.02

DRUG COUNSELORS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Virginia	x	yes (b)		Doc 5.1E

ALCHOLISM COUNSELORS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Virginia	x	yes (b)		Doc 3.10

SUBSTANCE ABUSE COUNSELORS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Maine	X	(c)		R.2:1A

TABLE IV-5

Page 2 of 2

KEY:

a Applicants are required to pass a jurisprudence examination on state laws and regulations
b A work sample will be used as the basis for questioning
c Applicant will be asked to tape a counseling session and prepare a written summary of the case
d Board may use exams prepared by the National Board for Certified Counselors
e The American Association of Marriage and Family Therapy does not give an exam. They base their evaluation on education experience and training
f The exam will be held according to the methods the committee deems to be the most practical and expeditious
x Examination is administered by the Board or Department

Source: HPLIS/CSG; December 31, 1984

TABLE IV-6

Page 1 of 3

COUNSELORS
INITIAL REQUIREMENTS FOR LICENSE APPLICANTS
PROFESSIONAL COUNSELORS

STATE	CITATION	EDUCATION	INTERN.[1]	MORALS	AGE	CIT.	RES.	APPRENT.
Alabama	CA 34-8a-7	Masters	3 yrs.	a,b	19	(u)	yes	
Arkansas	Act 593-1979-8	Masters	3 yrs.	b,e,d	18	(u)	(u)	
Florida	FS 490.005c	Masters	2 yrs.+ 1 yr.*					
Georgia	OCGA 43-7a-8	Masters	1 yr.+ 3 yrs.*	c				
Idaho	IC 54-3405	Masters	1000 hrs.					
North Carolina	GSNC 90-336	Masters	2 yrs.	d				
Ohio	HB 205-4757.07	Masters(k) Doctorate(l) Diagnosis(m)						
	HB 205-4757.08	Assoc.	500hrs.					yes
Tennessee	TCA 63-22-104	Masters	2 yrs.	a	18			
Texas	TCSA-4512g-10	Masters	2 yrs.		18			
Virginia	BPC 2.12.2	Masters	2 yrs.	f				
MARRIAGE AND FAMILY THERAPISTS								
California	CBPC 4980.40	Masters	2 yrs.	b	18			
Connecticut	See (n)	Masters	1 yr. + 2 yrs. super*	o				
Florida	FS 490.005(b)	Masters	2 yrs.+ 1 yr.*					
Georgia	OCGA 43-7a-8	Masters	1 yr. + 3 yrs. *	c				
Michigan		Masters	5 yrs.*	a			yes	
Nevada	RSN 641A.220	Masters	1 yr.*	a	21	yes(v)		yes
New Jersey	NJSA 45:8B-14	Masters	5 yrs.*	a,b	21			
North Carolina	GSNC 90-27054	Masters	1500 hrs.	a,b				
Tennessee	TCA 63-22-106	j		a	18			
Utah	UCA 58-39-6	Masters	3 yrs.*	a				
Virginia	BPC 2.3:B	s	100 hrs.					
PASTORAL COUNSELORS								
New Hampshire	PSY 602	Masters	q					
Virginia	BPC 2.3:C	p	100 hrs.					
DRUG COUNSELORS								
Virginia	Doc. 4.0	r	2000 hrs. Supervised*	g,i				

TABLE IV-6

STATE	CITATION	EDUCATION	INTERN.[1]	MORALS	AGE	CIT.	RES.	APPRENT.
ALCOHOLISM COUNSELORS								
Virginia	Doc. 2.1	t	2000 hrs.	g,i				
SUBSTANCE ABUSE COUNSELORS								
Maine	Rule 1.1	h	2 yrs.*	g	18			

KEY:

1. An internship is defined as supervised work experience
* Experience
a Applicant be of "good moral character"
b Applicant must not have committed acts or crimes constituting grounds for denial of licensure under this act
c Applicant must furnish at least two personal references from supervisors, teachers, or any combination thereof
d Applicant must furnish three references, two from persons in related professional area, (in North Carolina, one of whom is or was a supervisor) and one nonacademic character reference
e Applicant is "highly regarded in personal character and professional ethics"
f Applicant must submit five endorsement letters attesting to the character and professional integrity of the applicant
g Must have abstained from active abuse of alcohol or any other drug for at least two years prior to the date of application
h Must have completed 30 semester hours of college level course work in appropriate social science field or its equivalent in appropriate substance abuse training
i Must submit endorsement letters attesting to the character and professional integrity of the applicant
j Certified as a Professional Counselor in Tennessee and meets the American Association of Marriage and Family Therapists national standards
k With 60 quarter hours of graduate credit in counselor training, plus three years supervised experience approved by the Board, two years of which were completed after receiving the Masters
l With 90 quarter hours of graduate credit in counselor training, plus two years of supervised experience approved by the Board, one year of which was completed after receiving the Doctorate
m An endorsement authorizing the Professional Counselor to include the diagnosis and treatment of mental and emotional disorders Requirements include: 90 quarter hours of graduate credit in counselor training, 30 hours of which include specific instruction. The supervised experience needed for licensure as a Professional Counselor may be applied if it included the diagnosis and treatment of mental and emotional disorders in a clinical or private counseling setting. In addition, persons having a masters must pass an examination administered by the Board and pass a field evaluation completed by employers, instructors or supervisors

TABLE IV-6

n Requirements for acceptance by the American Association of Marriage and Family Therapy
o Applicant must provide endorsement by two clinical members of the American Association for Marriage and Family Therapy
p Applicant must meet all requirements of licensure as a Professional Counselor, with the graduate degree being either in Divinity or Theology
q One unit of full time clinical pastoral education and 125 hours in supervision of counseling by two different supervisors. Must be recognized as a minister, priest, rabbi or religious leader
r Completion of a 500 hour drug program from an accredited college or a program acceptable to the Committee
s Applicant must meet all requirements of licensure as Professional Counselor. Within the graduate hours required, 15 semester hours shall be in the specialty area
t Completion of a 400 hour alcoholism program from an accredited college or a program approved by the Committee
u Or applicant has declared intent
v Or is lawfully entitled to remain and work in the United States

Source: HPLIS/CSG; December 31, 1984

TABLE IV-7 Page 1 of

COUNSELORS
SCHEDULE OF FEES
PROFESSIONAL COUNSELORS

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
Alabama	$ 75+$100a		$100/Bi			
Arkansas	$100	cost	$100/Bi			
Florida	$150		$100/Bi			$100
Georgia	(e)					
Idaho	$50 + $50a	$50	$50/An			$ 50
North Carolina	$ 75	$75	$50/Bi			
Ohio	$75*	cost	$75*/Bi			
Tennessee	$100*		$25/An			
Texas	$25+$36a	$35	$15/An			
Virginia	$50	$75	$75/Bi			
MARRIAGE AND FAMILY THERAPIST						
California	$ 30	$30*	$30/Bi			
Connecticut	(d)					
Florida	$150		$100/Bi			$100
Georgia	(e)					
Michigan	$ 75a		$50			
Nevada	$ 15b	$30	$80*/Bi			$ 50
New Jersey	$ 60a	$60	$55/An	$25		$ 25
North Carolina		$50*				
Tennessee	$ 25*		$25/An			
Utah	$ 75*		$50*/Bi			
Virginia	$ 25c	$25c	$75/Bi			$ 75
PASTORAL COUNSELOR						
New Hampshire	$100		$50/An			
Virginia	$ 25c	$25c	$75/Bi			
DRUG COUNSELORS						
Virginia	$ 25	$75	$50/Bi			
ALCOHOLISM COUNSELOR						
Virginia	$ 25	$75	$50/Bi			
SUBSTANCE ABUSE COUNSELORS						
Maine	$25 + $100a	$25	$100/Bi			

TABLE IV-7

KEY:

* Shall not exceed
a Initial licensure or registration fee
b Plus $25 certification fee
c In addition to the fees required for License as Professional Counselor
d The CT Department of Health does not require any fees or renewal. The American Association for Marriage & Family Therapy requires annual dues
e Fees will be established after July 1, 1985

Bi = Biennial
An = Annual

Source: HPLIS/CSG; December 31, 1984

TABLE IV-8

COUNSELORS
RECIPROCITY AND ENDORSEMENT
PROFESSIONAL COUNSELORS

STATE	TYPE	CONDITIONS	CITATION
Alabama	Endorsement	a	CA 34-8A-15
Arkansas	Endorsement	a	R 9.2
Florida	Endorsement	a+d	FS 490.006
Georgia	Reciprocity	a+e	OCG 43-7A-10
Idaho	Endorsement	a	Rule F
North Carolina	Endorsement	a	Rule .0304
Ohio	Reciprocity	a+e	HB 205-4757.10
Tennessee	Endorsement	a or b	TCA 63-22-103
Texas	Endorsement	a	TSCA 4512g-18
Virginia	Endorsement	a	BPC 1.1
	MARRIAGE AND FAMILY THERAPIST		
California	Endorsement	a	CBPC 4890.90
Connecticut	None		
Florida	Endorsement	a+d	FS 490.006
Georgia	Reciprocity	a+e	OCG 43-7A-10
Michigan	None		Occ Code,299
Nevada	Endorsement	a	RSN 641A.240
New Jersey	Endorsement	a	NJSA 45:8B-21
North Carolina	Endorsement	a,f	GSNC 90-270.56
Tennessee	Endorsement	a or c	TCA63-22-103
Utah	None		
Virginia	Endorsement	a	BPC 1.1
	PASTORAL COUNSELORS		
New Hampshire	Endorsement	a	PSY 605.01
Virginia	Endorsement	a	BPC 1.1
	DRUG COUNSELORS		
Virginia	Endorsement	a	Doc 3.1
	ALCOHOLISM COUNSELORS		
Virginia	Endorsement	a	Doc 1.1
	SUBSTANCE ABUSE COUNSELORS		
Maine	Endorsement	a	R.5

KEY:

a. Applicant must hold a valid license issued by a board of examiners or corresponding authority of any state, provided the requirements for such licensure are substantially equivalent to this state
b. Applicant certified by the National Board for Certified Counselors and meets other requirements of this chapter
c. Applicant who is a clinical member of the American Association for Marriage and Family Therapy and meets other requirements of this chapter
d. The department will not issue a license by endorsement to any applicant who is under investigation in another state for an act which would constitute a violation of this chapter until such time as the investigation is complete
e. Applicant's state or territory must accord a similar privilege to holders of licenses under this chapter
f. Applicant who holds a valid and unrevoked certificate as a Registered Practicing Counselor, or its equivalent, issued under the authority of any state or the District of Columbia and who resides within NC, may perform work within the state provided applicant registers with the state and complies with its rules regarding such registration

Source: HPLIS/CSG; December 31, 1984

TABLE IV-9

COUNSELORS
CONTINUING EDUCATION REQUIREMENTS
PROFESSIONAL COUNSELORS

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Alabama	Yes	R255-x-7-.03	Board shall determine
Arkansas	Yes	R7.3	24 hrs. Biennially
Florida	Yes	21U-502	30 hrs. Biennially
Georgia	Yes	OCG 43-7A16	Board shall establish
Idaho	No		
North Carolina	No		
Ohio	Yes	AM.H.B. 205	Min. of 24 hrs. Biennially
Tennessee	No		
Texas	Yes	TCSA 681.252	74 hrs. every 3 yrs.
Virginia	No		
		MARRIAGE AND FAMILY THERAPIST	
California	May	CBPC4986.30	
Connecticut	No		
Florida	Yes	21U-502	30 hrs. Biennially
Georgia	Yes	OCG 43-7A-16	Board shall establish
Michigan	No		
Nevada	No		
New Jersey	No		
North Carolina	No		
Tennessee	No		
Utah	No		
Virginia	No		
		PASTORAL COUNSELORS	
New Hampshire	Yes	Psy 607.03	Not specified
Virginia	No		
		DRUG COUNSELORS	
Virginia	Yes	Doc 6.4B	60 Hrs. Biennially
		ALCOHOLISM COUNSELORS	
Virginia	Yes	Doc 5.3B	60 Hrs. Biennially
		SUBSTANCE ABUSE COUNSELORS	
Maine	No		

Source: HPLIS/CSG; December 31, 1984

CHAPTER V

STATE REGULATION OF PSYCHOLOGISTS

PSYCHOLOGISTS

Type of State Regulation

All states, including Puerto Rico and the District of Columbia, regulate psychologists. Five states certify and the other 47 states regulate the profession through licensure. (See Table V-1).

Scope of Practice

The model practice act prepared by the American Psychological Association is representative of the scope of practice which most states have incorporated into their statutes:

> The practice of psychology includes, but is not limited to, psychological testing and evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests and aptitudes; counseling, psychotherapy, hypnosis, biofeedback training and behavior therapy; diagnosis and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, and the psychological aspects of physical illness or disability; psychoeducational evaluation, remediation and consultation. Psychological services may be rendered to individuals, families, groups, and the public.

One of the major distinguishing factors of the scope of practice sections in the states' psychology laws is whether the scope of practice is focused on health services, or includes a broader scope of practice involving consultations, and organizational counseling.

An example of a health-services-oriented scope of practice is found in Hawaii's statute. HRS 465-1 defines the practice of psychology as:

> A person practices "psychology" who performs any professional service which consists of, requires, and is limited to the application of psychological principles, techniques, and instruments for the purpose of assessment, diagnosis and treatment of significant behavorial, emotional and mental disorders as defined by the most current diagnostic manual of the American Psychiatric Association; and for the purpose of the assessment, diagnosis, and rehabilitation of organic brain syndromes. (emphasis added)

The words which are highlighted are the ones which indicate that this scope of practice includes health services. The states with statutes similar to Hawaii's include Alaska, Colorado, and Michigan.

The great majority of states, although their individual definitions of the practice of psychology may not exactly reflect the APA's model, fall within the broader scope of practice for psychologists.

The diversity in the wording of the statutes may reflect not only actual differences in the scope of practice of the states, but also the antiquated nature of many of the state laws. Licensure was first enacted in 1955. The jargon of the profession has changed since many of the states enacted their laws, and thus the differences in language may not reflect actual variances in the practice of psychology from state to state.

Organization of State Regulatory Bodies and Functions

Nearly every state regulates psychologists through psychology boards. Two states regulate the profession through a psychology subcommittee of the medical board and two other states have psychology boards or committees that report to departmental administrators. About half of the boards (i.e. 32 states) have public members sitting on the board. Fifteen state boards are exclusively composed of psychologists, while every board has a majority of psychologists on the board. Eighteen states specify that one or more of the board members must teach psychology at a university. See Table V-2 for more detailed information on the composition of psychology boards.

In most of the states the psychology board issues licenses and promulgates rules for the profession. Most of the states use either the American Psychological Association or one of the six regional accrediting agencies that comprise the Association of Secondary Schools and Colleges as the accrediting body for the educational programs. (See Table V-3).

All state boards can suspend and revoke a license. Relatively few boards have other sanction options such as reprimands, fines and probation. For additional sanctions available to the boards, see Table V-4.

All states require the applicant to take the examination for professional practice in psychology, administered by the Professional Examination Service. Many also require the applicant to take an oral exam as well. (See Table V-5).

Requirements for Licensure

All states either require a Ph.D. for psychologist applicants, or accept a master's degree combined with 3-5 years of work experience. Most states require good moral character, and half the states have a minimum age requirement. Nine states have a residency requirement while six states require U.S. citizenship of applicants. (See Table V-6).

Interstate Recognition of Credentials

Most of the states endorse licenses of psychologists from other states who meet the conditions set out in Table V-8. The remaining states either reciprocate (i.e. six states) or do not allow interstate recognition of credentials (i.e. one state).

Continuing Education Requirements

Less than one third of the states (i.e. thirteen states) require continuing education as a condition of license renewal. (See Table V-9).

Fee Schedule

Table V-7 shows the fee schedule for six types of fees.

TABLE V-1

Page 1 of 2

PSYCHOLOGIST
TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Alabama	Licensure	CA 34-26-41
Alaska	Licensure	AS 08.86.180
Arizona	Certification	ARS 32-2087
Arkansas	Licensure	AS 72-1507
California	Licensure	C. Bus. & Prof. Code 2903
Colorado	Licensure	CRS 12-43-102(6)
Connecticut	Licensure	CGS 20-187a
Delaware	Licensure	DCA 3506
Florida	Licensure	FS 490.003 (3)
Georgia	Licensure	OCG 43-39-8
Hawaii	Licensure	HRS 465-15
Idaho	Licensure	IC 54-2303
Illinois	Certification	111 IRS 5303
Indiana	Certification	IC 25-33-1-6
Iowa	Licensure	IC 154B.4
Kansas	Licensure*	KSA 74-5340
Kentucky	Licensure	KRS 319.005
Louisiana	Licensure*	RS 37:2359
Maine	Licensure	32 MRSA 3812
Maryland	Licensure	ACM 16-301
Massachusetts	Licensure	ALM 112-122
Michigan	Licensure	Public Health Code, Act 368
Minnesota	Licensure	MS 148.91
Mississippi	Licensure	MCA 73-31-23
Missouri	Licensure	RSMo 337.015
Montana	Licensure	MCA 37-17-301
Nebraska	Licensure	RS 71-1,207
Nevada	Licensure*	NRS 641.390
New Hampshire	Licensure*	RSA 330-A:2
New Jersey	Licensure	NJSA 45:14B-5
New Mexico	Certification	NMSA 67-30-13(1)
New York	Licensure	CLNYA 153-7601
North Carolina	Licensure	NCGS 90-270.16
North Dakota	Licensure	NDCC 43-32-17
Ohio	Licensure	ORCA 4732.21

TABLE V-1

Page 2 of 2

STATE	TYPE	CITATION
Oklahoma	Licensure	59 OS 1353
Oregon	Licensure	ORS 675.020
Pennsylvania	Licensure	Act 52,3
Rhode Island	Certification	GLRI 5-44-2
South Carolina	Licensure	Act, s. 6
South Dakota	Licensure	Act, s 10
Tennessee	Licensure	TCA 63-1110
Texas	Licensure	Act, s. 22
Utah	Licensure	UCA 58-25-5
Vermont	Licensure	26 VSA 3002
Virginia	Licensure	VC 54-939.1
Washington	Licensure	RCW 18.83.020
West Virginia	Licensure	WVC 30-21-3
Wisconsin	Licensure	WSA 455.02(1)(a)
Wyoming	Licensure	WS 33-27-102
D.C.	Licensure	DCCA 2-1704.1
Puerto Rico	Licensure	Act, s.3

KEY:

* Although this is designated in the state law as certification, according to this study's definition of licensure, certification and registration, it is in effect licensure

Source: HPLIS/CSG; December 31, 1984

TABLE V-2

Page 1 o

PSYCHOLOGIST
ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL	CITATION
Alabama	Bd. of Examiners in Psychology	5**	0	0	5	Rules 750-
Alaska	Bd. of Psychologist & Psychological Associate Examiners Dept. of Commerce & Econ. Development	4	1	0	5	AS 08.86.0
Arizona	St. Bd. of Psychologist Examiners	5**	2	0	7	ARS 32-206
Arkansas	Ark. Bd. of Examiners in Psychology	5**	1	1[a]	7	AS 72-1501
California	Psychology Examining Committee Bd. of Medical Examiners	5	3	0	8	CB&PC 2920
Colorado	St. Bd. of Psychologist Examiners	7***	2	0	9	CRS 12-43-
Connecticut	Bd. of Examiners of Psychologists	5	0	0	5	CGS 20-186
Delaware	Bd. of Examiners of Psychologists	5	1	0	6	DCA 3502
Florida	Bd. of Psychological Examiners Dept. of Professional Regulation	5	2	0	7	FS 490.004
Georgia	St. Bd. of Examiners of Psychologists	5	1	0	6	OCG 43-39-
Hawaii	Bd. of Certification for Practicing Psychologists Dept. of Commerce & Consumer Affairs	5	2	0	7	HRS 465-4
Idaho	St. Bd. of Psychologist Examiners Dept. of Self-Governing Agencies	3	0	0	3	IC 54-2304
Illinois	Psychologists Examining Committee Dept. of Registration & Education	5**	0	0	5	111 IRS 53
Indiana	St. Bd. of Examiners of Psychology	5	1	0	6	IC 25-33-1-
Iowa	Bd. of Psychology Examiners Dept. of Health					
Kansas	Behavioral Sciences Regulatory Bd.	2	3	2[e]	7	
Kentucky	Board of Examiners of Psychologists	5	0	0	5	KRS 319.02
Louisiana	St. Bd. of Examiners of Psychologists Dept. of Health & Human Resources	5**	0	0	5	RS 37:2353
Maine	St. Bd. of Examiners of Psychologists	5[b]	1	0	6	32 MRSA 382

TABLE V-2

Page 2 of 3

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS				CITATION
		PROF.	PUB.	OTHER	TOTAL	
Maryland	St. Bd. of Examiners of Psychologists	5**	1	0	6	ACM 16-202
Massachusetts	Bd. of Registration of Psychologists	4	1	0	5	
Michigan	Bd. of Psychology Dept. of Licensing and Regulation	5	3	0	8	Regs 18-223
Minnesota	Board of Psychology	7	4	0	11	MS 148.90
Mississippi	St. Bd. of Psychological Examiners	5***	1	0	6	MCA 73-31-5
Missouri	St. Cmte. of Psychologists Bd. of Healing Arts Dept. of Consumer Affairs, Reg. & Lic.	5*	1	0	6	RSMo 337.050
Montana	Bd. of Psychologists Dept. of Commerce					
Nebraska	Bd. of Examiners of Psychologists Dept. of Health	5	1	0	6	
Nevada	Bd. of Psychological Examiners	4	1	0	5	
New Hampshire	St. Bd. of Examiners of Psychologists	4*	1	2^c	7	RSA 330-A:3
New Jersey	Bd. of Psychological Examiners Dept. of Law & Public Safety	7	0	0	7	NJSA 45:14B-9
New Mexico	St. Bd. of Psychological Examiners	5	0	0	5	NMSA 67-30-4
New York	St. Bd. for Psychology State Education Dept.	11	0	0	11	CLNYA 153-7602
N. Carolina	State Board of Examiners of Practicing Psychologists	3	2	2^d	7	GSNC 90-270.6
N. Dakota	St. Bd. of Psychologist Examiners	5*	0	0	5	NDCC 43-32-02
Ohio	State Board of Psychology	6	1	0	7	ORCA 4732.02
Oklahoma	St. Bd. of Examiners of Psychologists	5	2	0	7	59 OS1354
Oregon	St. Bd. of Psychologist Examiners	5	2	0	7	ORS 675.100
Pennsylvania	St. Bd. of Psychologist Examiners Dept. of State	6**	2	1^f	9	Act 52.476.1
Rhode Island	Board of Psychology	4*	1	0	5	GLRI 5-44-4
S. Carolina	St. Bd. of Examiners in Psychology	6*	1	0	7	Act s.1

TABLE V-2

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL	CITATION
S. Dakota	Board of Examiners of Psychologists Dept. of Commerce	4	1	0	5	Act s. 3
Tennessee	St. Bd. of Examiners in Psychology	5**	0	0	5	TCA 63-1101
Texas	St. Bd. of Examiners of Psychologists	6*	2	1[d]	9	Act s. 4
Utah	Representative Committee in Psychology Dept. of Business Regulation	5	0	0	5	UCA Code 58
Vermont	Board of Psychological Examiners	3	2	0	5	26 VSA 3006
Virginia	Bd. of Psychology St. Bd. of Medicine Dept. of Health Regulatory Bds.	3***	0	0	3	VC 54-937
Washington	Examining Board of Psychology Dept. of Licensing	5	0	0	5	RCW 18.83.0
West Virginia	Bd. of Examiners of Psychologists	5	0	0	5	WVC 30-21-5
Wisconsin	Psychology Examining Board Dept. of Regulation and Licensing	4*	1	0	5	WSA 15.405
Wyoming	St. Bd. of Psychologist Examiners	5	0	0	5	WS 33-27-10
DC	Bd. of Psychologist Examiners Dept. of Consumer & Regulatory Affairs	all	0	0		DCCA 2-1704
Puerto Rico	Psychologists Examining Board	5	0	0	5	Act s. 4

KEY:

* At least one of the board members shall be engaged in the teaching of psychology at a university
** At least two of the board members shall be engaged in the teaching of psychology at a university
***At least three of the board members shall be engaged in the teaching of psychology at a university
a Psychological examiner
b Or psychological examiners
c One certified pastoral counselor and one certified clinical social worker
d Licensed psychological associates
e Two social workers
f Commissioner of Professional and Occupational Affairs

Source: HPLIS/CSG; December 31, 1984

TABLE V-3

Page 1 of 2

PSYCHOLOGIST
FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
Alabama	Board	Regional	Board
Alaska	Department	Regional	Board
Arizona	Board	APA or Regional	Board
Arkansas	Board	Board/APA	Board
California	Committee	Committee	Committee
Colorado	Board	Board/APA	Board
Connecticut	Department	Board of Educ.	Board
Delaware	Board	St. Education Code or Regional	Board
Florida	Dept./Board	APA	Department
Georgia	Board	Board	Board
Hawaii	Department(a)	Board/APA	Board
Idaho	Board	Board/APA	Board
Illinois	Department	Department	Department
Indiana	Board	Regional	Board
Iowa	Board	Board/Regional	Board
Kansas	Board	(c)	Board
Kentucky	Board	APA or Regional	Board
Louisiana	Board	Board/Regional	Board
Maine	Board	Board/APA	Board
Maryland	Board	Board/APA	Board
Massachusetts	Board	U.S. Office of Educ. or Commonwealth	Board
Michigan	Board	Board/Regional	Board
Minnesota	Board	Board/APA	Board
Mississippi	Board	APA or Regional	Board
Missouri	Department	Regional	Department
Montana	Board	Board	Board
Nebraska	Department	Board	Board
Nevada	Board	Board/APA	Board
New Hampshire	Board	Regional	Board
New Jersey	Board	Regional or Board of Ed.	Board
New Mexico	Board	Dept. of Ed.	Board
New York	Dept./Board	Department	Department
North Carolina	Board	APA	Board
North Dakota	Board	APA	Board
Ohio	Board	Regional	Board

TABLE V-3

Page 2 of 2

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
Oklahoma	Board	Regional	Board
Oregon	Board	Board/Regional	Board
Pennsylvania	Board	Regional	Board
Rhode Island	Board	APA	Department(a)
South Carolina	Board	Regional	Board
South Dakota	Board	Regional	Board
Tennessee	(b)	Board	Board
Texas	Board	Regional	Board
Utah	Department(a)	Dept./APA	Board
Vermont	Board	Regional	Board
Virginia	Board	Regional	Board
Washington	Department	Board/APA	Board
West Virginia	Board	Board	Board
Wisconsin	Board	Board/Regional	Board
Wyoming	Board	Board	Board
D.C.	Mayor	Mayor/US Office of Education	Council of DC/Board
Puerto Rico	Board	Regional	Board

KEY:

APA - American Psychological Association

Regional - Refers to accreditation by one of six regional accrediting agencies that comprise the Association of Secondary Schools and Colleges

(a) Duties performed by the director of the department
(b) Licenses are issued by the State Licensing Board for the Healing Arts
(c) Doctoral program must have "standards consistent with those of the state universities of Kansas," KSA 74-5310

Source: HPLIS/CSG; December 31, 1984

TABLE V-4

PSYCHOLOGIST
ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Alabama	Act 535 Sec 9	x	x						
Alaska	AS 08.86.206	x	x	x	x	x	x		a
Arizona	ARS 32-2081	x	x				x		
Arkansas	AS 72-1510	x	x						
California	CB&PC 2960	x	x				x		
Colorado	CRS 12-43-111	x	x				x		
Connecticut	CGS 20-192	x	x						
Delaware	DCA 3513	x	x						
Florida	FS 490.009	x	x			x		x	
Georgia	OCG 43-39-13	x	x						
Hawaii	HRS 465-13	x	x				x		
Idaho	IC 54-2309	x	x						
Illinois	111 IRS 5316	x	x		x	x	x		
Indiana	IC 25-33-1-13.1e	x	x		x	x	x		f
Iowa	IC 470-140.212	x	x						
Kansas	KSA 74-5324	x	x						
Kentucky	KRS 319.081	x	x						
Louisiana	RS 37:2360	x	x						
Maine	32 MRSA 3837	x	x						
Maryland	ACM 16-312	x	x			x			
Massachusetts	ALM 112-128	x	x						
Michigan	Regs 16226	x	x	x		x	x	x	
Minnesota	MS 148.95	x	x			x			
Mississippi	MCA 73-31-21	x	x						
Missouri	RSMo 337.035	x	x		x		x		

TABLE V-4

Page 2 of 3

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Montana	MCA 37-17-311		x						
Nebraska	RS 71-1,209	x	x						
Nevada		x	x			x	x		
New Hampshire	NRSA 330-A:14	x	x	x		x			a
New Jersey	NJSA 45:14B-24	x	x						
New Mexico	NMSA 67-30-12	x	x						
New York									
N. Carolina	GSNC 90-270.15	x	x						
North Dakota	NDCC 43-32-27	x	x						
Ohio	ORCA 4732.17	x	x			x			
Oklahoma	59 OS.1370	x	x						
Oregon	ORS 675.070	x	x						
Pennsylvania	Act 52.476.1(3)	x	x						
Rhode Island	GLRI 5-44-18	x	x						
S. Carolina	Act	x	x						
South Dakota	Act	x	x						
Tennessee	TCA 63-1119	x	x						
Texas	Act, s.23	x	x			x			b
Utah	Rule 7h	x	x						
Vermont	26 VSA 3016a	x	x						c,d,e
Virginia	VC 54-927g	x	x						
Washington	RCW 18.83.130	x	x						
West Virginia	WVC 30-21-10	x	x						
Wisconsin	WSA 455.09	x	x	x		x	x		
Wyoming	WS 33-27-109	x	x						
D.C.	DCCA 2-1704.11	x	x						
Puerto Rico	Act,s. 19	x	x						

TABLE V-4

KEY:

a Board may require licensee to participate in continuing education in the areas in which he or she has been found deficient
b Board shall have the right to order corrective advertising when a psychologist has engaged in false, misleading or deceptive advertising
c Board may issue warnings to licensee
d Board may notify other governmental agencies of any pending or completed disciplinary case against the licensee
e Board may require licensee to restore fees he or she received from person who originally brought complaint to board
f Board may order a reasonable physical or mental examination if applicant's physical or mental capacity to practice is at issue in a disciplinary proceeding
x Denotes Board has this power

Source: HPLIS/CSG; December 31, 1984

TABLE V-5

Page 1 of 2

PSYCHOLOGISTS
EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alabama	x[a]	may		CA 34-26-41.4
Alaska	x			12 AAC 60.110
Arizona	x			ARS 32-2072
Arkansas	x	yes		Regs, 72-1508
California	x	may		CB&PC 2942
Colorado	x[a]			CRS 12-43-109
Connecticut	x			CGS 20-188
Delaware	x	yes		Rule 3E
Florida	x			Rules 21U-11.03
Georgia	x	yes		Rules 510-2-.06
Hawaii	x	yes		Rules, 16-98-29
Idaho	x	may		Rules, Sec. C
Illinois	x			111 IRS 5311.6
Indiana	x			868-IAC 1.1-5-4
Iowa	x			Regs, 470-140.8
Kansas	x			KAS 102-1-4
Kentucky	x	may	may	KAR 26:120
Louisiana	x	yes		Rules of Lic.
Maine	x	yes[c]		Regs, I-6-B
Maryland	x	yes		R 10.36.05
Massachusetts	x	may		ALM 112-120
Michigan	x			R 338.2505
Minnesota	x	yes		7 MCAR 10.005
Mississippi	x	yes		Bd. Rules, sec. 4
Missouri	x[b]			RSMo 337.020(3)
Montana	x	yes		Rule 8.52.608
Nebraska	x			RS 71-1,211
Nevada	x	may		NRS 641.180
New Hampshire	x			Regs. Psy 304.04
New Jersey	x	yes		Regs. 13:42-3.1
New Mexico	x	yes		NMSA 61-9-11
New York	x			CLNYA 7603.4
North Carolina	x			GSNC 90-270.11
North Dakota	x	yes		NDCC 43-32-23
Ohio	x			Rules, 4732-9-01

TABLE V-5

Page 1 of 2

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Oklahoma	x	may		59 OS 1365
Oregon	x	yes		OAR 858-10-025
Pennsylvania	x			49 PA Code 41.41
Rhode Island	x			Bd. Rules 7.1
South Carolina	x	yes		Act, sec. 9
South Dakota	x	yes		Regs 20:60:05:06
Tennessee	x	yes		Regs 1180-2-.11
Texas	x[a]	yes		Act
Utah	x			Regs, 58-25-3
Vermont	x			Bd. Rule 2.3(4)
Virginia	x	yes		Regs. 3.1
Washington	x	yes		WAC 308-122-410+420
West Virginia	x	yes		Rules, Ch.1, s. 8
Wisconsin	x[b]			WSA 455.04
Wyoming	x	may		WS 33-27-105
DC	x	may		DCCA 2-1704.6(3)
Puerto Rico	yes			Act, s. 13

KEY:

a Includes testing on appropriate statutes and professional ethics
b Includes testing on ethical issues
c Applicants are required to submit work samples
x Examination for Professional Practice in Psychology (EPPP) administered by Professional Examination Service

Source: HPLIS/CSG; December 31, 1984

TABLE V-6

Page 1 of 2

PSYCHOLOGIST
INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	EDUC.	INTERN.[1]	MORALS	AGE	CIT.	RES.
Alabama	CA 34-26-41	Ph.D.		a	19		
Alaska	AS 08.86.130	Ph.D.	1 yr.				
Arizona	ARS 32-2071	Ph.D.		a			
Arkansas	Act, s.	Ph.D.	1 yr.	a			
California	CP&BC 2914	Ph.D.	2 yrs.	1			
Colorado	CRS 12-43-109	Ph.D.	2 yrs.		21		
Connecticut	CGS 20-188	Ph.D.	1 yr.				yes
Delaware	DCA 3507	Ph.D.	2 yrs.				yes(f)
Florida	FS 490.005	Ph.D.	2 yrs.				
Georgia	OCG 43-39-8	Ph.D.	1 yr.	a			
Hawaii	HRS 465-7	Ph.D.	1 yr.	a			
Idaho	IC 54-2307	Ph.D.	2 yrs.(k)	a			
Illinois	111 IRS 5311	Ph.D.	2 yrs.(i)	a	21	yes	
Indiana	IC 25-33-1-6	Ph.D.	2 yrs.		18		
Iowa	IC 154B.6	Ph.D.(g)	1 yr.				
Kansas	KSA 74-5130	Ph.D.	2 yrs.	a	21		
Kentucky	KRS 319.050	Ph.D.	1 yr.	a	21	yes	
Louisiana	RS 37:2356	Ph.D.	2 yrs.	a	21	yes	yes(c)
Maine	MRSA 32-3831	Ph.D.	2 yrs.	a			
Maryland	ACM 16-302	Ph.D.	2 yrs.	a	18		yes
Massachusetts	ALM 112-119	Ph.D.	2 yrs.	a			
Michigan	Act 368	Ph.D.	2 yrs.	a			
Minnesota	MS 148.91	Ph.D.(j)	2 yrs.	a	21		
Mississippi	MCA 73-31-13	Ph.D.	1 yr.	a	21	yes	
Missouri	RSMo 337.020	Ph.D.(h)	1 yr.	a	21		
Montana	MCA 37-17-302	Ph.D.	2 yrs.	a	18		yes(d)
Nebraska	RS 71-1,212	Ph.D.		a	21		
Nevada	NRS 641.170	Ph.D.	1 yr.	a	21	yes*	
New Hampshire	RSA 330-A:11	Ph.D.	2 yrs.	a			
New Jersey	NJSA 45:14B-17	Ph.D.	2 yrs.	a	21		
New Mexico	NMSA 67-30-8	Ph.D.	2 yrs.	a	18		
New York	CLNYA 153-7603	Ph.D.	2 yrs.	a	21	No	
N. Carolina	GSNC 90-270.11	Ph.D.	2 yrs.	a	18		
North Dakota	NDCC 43-32-20	Ph.D.		a			
Ohio	ORCA 4732.10	Ph.D.	2 yrs.	a	21		
Oklahoma	59 OS 1362	Ph.D.	2 yrs.	a	21		yes
Oregon	ORS 675.030	Ph.D.	2 yrs.	a			
Pennsylvania	Act 52.6	Ph.D.(e)	2 yrs.	a			
Rhode Island	GLRI 5-44-9	Ph.D.	2 yrs.	a			
S. Carolina	Act	Ph.D.	2 yrs.	a	21		

TABLE V-6

Page 2 of 2

STATE	CITATION	EDUC.	INTERN.[1]	MORALS	AGE	CIT.	RES.
South Dakota	Act	Ph.D.	1 yr.				
Tennessee	TCA 63-1112	Ph.D.	1 yr.	a		yes	
Texas	Act	Ph.D.		a	18		
Utah	UCA 58-25-2	Ph.D.	2 yrs.	a			
Vermont	26 VSA 3011	Ph.D.(n)	2 yrs.	a	18		yes
Virginia	Regs. 2.2	Ph.D.	2 yrs.				
Washington	RCW 18.83.070	Ph.D.	3 yrs.	a			
West Virginia	WVC 30-21-7	Ph.D. Masters	1 yr. 5 yrs.	a	18		
Wisconsin	WSA 455.04	Ph.D.	1 yr.	a	18		
Wyoming	WS 33-27-106	Ph.D.		a	21		yes(d)
DC	DCCA 2-1704.6	Ph.D.	2 yrs.	a			
Puerto Rico	Act	Masters	m	a,b,c			yes

KEY:

1 An internship is defined as a supervised work experience
* Or is lawfully entitled to remain and work in the U.S
a Good moral character
b Applicant must include a good conduct certificate issued by the Police Corps of Puerto Rico
c Applicant must submit documentary evidence that the year of service required by Act No. 79 has been complied with, or submit exemption from the Secretary of Health
d Shows evidence of intent to become a resident
e Or a masters degree with four years of experience
f Or has worked full time as a psychologist in the state for a six-month period immediately prior to time of license application
g Or a masters and five years' experience
h Or a masters and three years' experience
i Must have two years of postgraduate experience acceptable to Board, not to include terms of internship
j Requirements for licensure as a licensed consulting psychologist. To become a licensed psychologist, a person must have a Masters with two full years' experience
k Or a lawfully admitted and in status alien registered with the Division of Immigration and Naturalization
l Show by evidence that applicant has completed training in the detection and treatment of alcohol and other chemical substance dependency. This requirement applies only to those who matriculate on or after September 1, 1985
m Supervised practice required by educational institution
n Or a masters degree with two years supervised experience to be licensed as a psychologist-master

Source: HPLIS/CSG; December 31, 1984

TABLE V-7

Page 1 of 2

PSYCHOLOGIST
SCHEDULE OF FEES

STATE	APPLICATION	EXAM	TEMPORARY	RENEWAL	DUPLICATE	RECIPROCAL
Alabama	$125	$100		$ 50/An		$ 25
Alaska	$ 25	$125		$200/4 yrs.		$325
Arizona	$175			$ 70/Bi	$10	
Arkansas	$ 50^{a}	Cost				
California	$ 50**	100**		$150**/Bi	$ 5	
Colorado						
Connecticut	$150			$ 25/An	$ 2	$100
Delaware	$100	Cost	$ 20	$ 40/Bi		
Florida	$150			$150/Bi		$150
Georgia	$100	$100	$150			$150
Hawaii***	$10	$75	$15	$30/Bi		
Idaho	$ 30	$100		$ 80/An		$130
Illinois	$ 25	Cost		$ 40/An	$10	$ 50
Indiana	$ 75**	$ 75		$ 37.50/Bi	$25**	
Iowa	$100			$ 70/Bi	$10	
Kansas	$100	$ 82.50	$ 15	$100/Bi		
Kentucky	$100			$ 75**/3 yrs.		
Louisiana	$150**	Cost		$200/An		
Maine	$ 50	$100	$ 50	$ 80/Bi		
Maryland						
Massachusetts	$ 50 + $25^{b}		$ 10	$ 25/Bi		
Michigan	$100		$ 15	$ 40/Bi		
Minnesota***		$75		$75/Bi		
Mississippi	$ 75	$ 90	$ 15	$100/An		
Missouri	$125			$ 65/An		$125 (mo)
Montana	$ 75	$ 95		$100/Bi		
Nebraska	$400**			$100**/Bi	$10	
Nevada	$ 25	$ 65		$100/Bi		$ 50
New Hampshire	$125			$ 50/An		
New Jersey	$ 50	$150	$ 25	$100/Bi		$ 75
New Mexico	$150			$100**/An		
New York		$100		$ 60/Bi		$ 65
N. Carolina	$ 50	$120**	$ 10	$ 20/An		
North Dakota		$150		$ 30/An		
Ohio	$ 75			$ 75/Bi		

TABLE V-7

STATE	APPLICATION	EXAM	TEMPORARY	RENEWAL	DUPLICATE	RECIPROCAL
Oklahoma	$300**			$200**/An	$25	
Oregon	$100		$85	$100/An		
Pennsylvania	$ 50*			Bi		
Rhode Island	$ 50	Cost		$ 25/An		
S. Carolina	$100	$120		$100/Bi		
South Dakota	$300			$150/Bi		
Tennessee	$ 50**	$ 75		$ 15/An		
Texas	$ 50	Cost				
Utah	$ 50	Cost		$ 75**/Bi		
Vermont	$ 50	Cost		$ 50**/Bi		
Virginia	$ 75	$225		$ 75/Bi		
Washington	$130			$ 30/An	$ 5	
West Virginia	$ 50	$ 75	$ 50	$ 30/Bi		
Wisconsin	$ 50	Cost	$ 10	$ 35/Bi	$ 5	$ 50
Wyoming		$ 75		$ 25/An		
D.C.***	$30	$200		$60/An		$230
Puerto Rico	$ 25	Cost		$ 30/3 yrs.	$10	$ 40

KEY:

a Initial license fee of $50
b Initial license fee
* Or more, as determined by the board
** Not to exceed
***Information taken from a December 1982 document and may not be current

An = Annual
Bi = Biennial

Source: HPLIS/CSG; December 31, 1984

TABLE V-8 Page 1 of 3

PSYCHOLOGIST
RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Alabama	Endorsement	a + c, or b	Rule 750-X-06
Alaska	Endorsement	a or b	AS 08.86.150
Arizona	Endorsement	a or b	ARS 32-2072(B)
Arkansas	Endorsement	a or c	AS 72-1509
California	Endorsement	a or b	CB&PC 2946
Colorado	Endorsement	d + a, or b or e	CRS 12-43-108
Connecticut	Endorsement	a or f	CGS 20-190
Delaware	Endorsement	m or b	DCA 3507 (b),3508(b)
Florida	Endorsement	a	FS 490.006
Georgia	Reciprocity	a + h	OCG 43-39-10
Hawaii	Endorsement	a or b	HRS 465-11
Idaho	Endorsement	a	IC 54-2312
Illinois	Endorsement	a	111 IRS 5312(c)
Indiana	Reciprocity	a + h, or b	IC 25-33-1-9
Iowa	Endorsement	a or b	IC 154.86(3)
Kansas	Endorsement	a	KSA 74-5315
Kentucky	Endorsement	a	KRS 319.061
Louisiana	Endorsement	a or b	RS 37:2358
Maine	Endorsement	a	32 MRSA 3836
Maryland	Endorsement	a	ACM 16-305(b)(2)(ii)
Massachusetts	Endorsement	a or f	ALM 112-121
Michigan	Endorsement	a + n	Public Act 368-15-16186
Minnesota	Endorsement	a or b	MS 148.92(2)
Mississippi	Endorsement	a or b	MCA 73-31-15
Missouri	Endorsement	a	RSMo 337.020(3)
Montana	Endorsement	a	Rules 8.52.609
Nebraska	Endorsement	q	
Nevada	Endorsement	g + (b or k)	NRS 641.130
New Hampshire	Endorsement	a	RSA 330-A:13
New Jersey	Endorsement	a	NJSA 45:148-20
New Mexico	Reciprocity	a + h	NMSA 67-30-9
New York	None	o	CLNYA 7604
North Carolina	Reciprocity	(a+h) or b	GSNC 90-270.13
North Dakota	Endorsement	a	NDCC 43-32-19
Ohio	Endorsement	i	ORCA 4732.15

TABLE V-8

Page 2 of 3

STATE	TYPE	CONDITIONS	CITATION
Oklahoma	Endorsement	a or b	59 OS 1366
Oregon	Endorsement	a or b	ORS 675.050
Pennsylvania	Endorsement	a or b	49PS-case 41.52
Rhode Island	Endorsement	a or b	GLRI 5-44-11
South Carolina	Endorsement	a or b	Act, s. 10
South Dakota	Endorsement	a + e	Act s. 11
Tennessee	Endorsement	j + (a,b or c)	TCA 63-1115
Texas	Endorsement	(a or b) +d	Act, s. 15b
Utah	Reciprocity	a + h	UCA 58-25-3
Vermont	Endorsement	a or b	26 VSA 3014
Virginia	Endorsement	g + (b or a)	Reg. 1.3
Washington	Endorsement	(a + l) or b	RCW 18.83.170
West Virginia	Endorsement	a	WVC 30-21-7
Wisconsin	Endorsement	a or b	WSA 455.04(3)
Wyoming	Endorsement	a or b	WS 33-27-108
DC	Endorsement	a or p	DCCA 2-1704.8
Puerto Rico	Reciprocity	a + h	Act, s. 16

KEY:

a License will be granted to a person licensed in another state, provided that the other state's requirements are substantially equivalent to those of this state
b Board may grant license if applicant is a diplomate in good standing with the American Board of Examiners in Professional Psychology
c Board may grant license if the applicant is able to satisfy the Board that to grant a license would be in the public interest
d Applicant must pass an examination on state statutes concerning the regulation of psychology
e Applicant must have five years licensed practice in the other state
f The board "may waive the examination for any person holding a diploma from a nationally recognized board or agency approved by the board of examiners"
g All applicants must pass the Board's oral examination
h State will grant license only if applicant's state reciprocates
i Applicant is eligible for license if the requirements for admission to the Ohio exam for psychologists are met
j Out of state applicant can avoid examination if applicant has not previously failed the Tennessee examination
k Board may waive examination of an applicant "who achieved a score on the Examination in the Professional Practice of Psychology of the American Association of State Psychology Boards equal to or surpassing the criterion in Nevada for passage of that examination"
l Applicant must have had two years of experience in other state

m A temporary license will be issued not to exceed one year to a person licensed in another state provided that the other states' requirements are substantially equivalent to those of this state and until such time as the board conducts its regular licensing exam

n Disciplinary proceedings before a similar licensing or registration board of this or any other state or country are not pending against the applicant

o A limited permit may be issued to an applicant who is certified or licensed in another state and whose qualifications have been approved for admission to the exam and who has resided in this state for not more than six months prior to the filing of such application

p Applicant has been certified by a national examining board, provided that the exam given was as effective for the listing of professional competence as that required in the District of Columbia

q The board considers each applicant individually

Source: HPLIS/CSG; December 31, 1984

TABLE V-9

PSYCHOLOGIST
CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Alabama	No		
Alaska	Yes	12 AAC 60.260	80 hrs. every 4 years
Arizona	No		
Arkansas	No		
California	No		
Colorado	No		
Connecticut	No		
Delaware	Yes	Rule 5-c	40 hrs. biennially
Florida	Yes	Rule 21V-502.01	30 hrs. biennially
Georgia	Yes	Rule 510-7-.01	20 hrs. annually
Hawaii	No		
Idaho	No		
Illinois	No		
Indiana	No		
Iowa	No		
Kansas	Yes	KAR 102-1-15	10 units (6.7 hrs.) biennially
Kentucky	No		
Louisiana	No		
Maine	No		
Maryland	Yes		
Massachusetts	No		
Michigan	May	Regs. 18233	Board has power to establish
Minnesota	No		
Mississippi	No		
Missouri	No		
Montana	May	Rule 8-52-612	Board may recommend implementation
Nebraska	No		
Nevada	Yes		30 hrs. biennially
New Hampshire	No		
New Jersey	No		
New Mexico	Yes	Board Rule #12	20 hrs. annually
New York*	No		
North Carolina	Yes		
North Dakota	No		
Ohio	No		

TABLE V-9

Page 2 of 2

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Oklahoma	No		
Oregon	No		
Pennsylvania	No		
Rhode Island	No		
South Carolina	No		
South Dakota	No		
Tennessee	No		
Texas	Yes	See Bd. Rule 461.11	
Utah	Yes	Rules, 58-25-10	Avg. of 24 hrs. annually
Vermont	No		
Virginia	No		
Washington	Yes	WAC 308-122-505	150 hrs. every 3 years
West Virginia	No		
Wisconsin	No		
Wyoming	No		
DC	No		
Puerto Rico	Yes	Established by Bd.	

KEY:

* Information taken from a November 1984 document and may not be current

Source: HPLIS/CSG; December 31, 1984

CHAPTER VI

STATE REGULATION OF SOCIAL WORKERS

SOCIAL WORKER

Type of State Regulation

Thirty-three states regulate one or more categories of social worker (see Table VI-1). Due to the type of work, level of responsibility, and type of supervision the social worker may receive, the majority of states (23 of 33) license or certify more than one level of social worker.

Twenty-four states license at least one level of social worker, while four states certify and eight states register one level of social worker. The difference between levels of state regulation will become clearer as the entry-level education and experience requirements are reviewed later in the narrative.

Scope of Practice

The scope of practice sections of the state statutes contain many similarities. The following scope of practice from Alabama is representative of the majority of states:

> SOCIAL WORK. The professional activity of helping individuals, groups or communities enhance or restore their capacity for social functioning and of preventing or controlling social problems altering societal conditions as a means towards enabling people to attain their maximum potential.
>
> SOCIAL WORK PRACTICE. The professional application of social work values, principles and techniques to one or more of the following ends: helping people obtain tangible services, counseling with individuals families and groups, helping communities or groups provide or improve social and health services, engaging in research related to those ends and principles, and administering organizations and agencies engaging in such practice. The practice of social work requires knowledge of human development and behavior, of social, economic and cultural institutions and of the interaction of all these factors.

The National Association of Social Workers' Model Scope of Practice more broadly defines the scope of practice:

> "Social Work Practice" is defined as the professional activity directed at enhancing, protecting, or restoring people's capacity for social functioning, whether impaired by physical, environmental, or emotional factors.

The Model Act also contains a section concerning clinical social workers:

> "Clinical Social Work Practice" is defined as the application of social work methods and values in the diagnosis and treatment of mental and emotional conditions and in providing psychotherapy.

This scope of practice adds the health service feature of diagnosis and treatment to the scope of practice.

Organization of State Regulatory Bodies and Functions

Social workers are regulated in 27 states by social worker examining boards, in four states by composite boards such as a behavioral science board, in one state by a psychology board (with a social worker represented), and in two state by a departmental administrator. (See Table VI-2 for complete details).

Twenty-four of the 32 boards have public members. Colorado and California have a majority of public members on their boards. Eighteen states have a majority of professional social workers on the board, while seven state boards are exclusively composed of social workers. When there is more than one level of social worker regulated, generally each category of practitioner is represented by law on the board.

About half of the state laws governing the practice of social work recognize educational programs accredited by the Council on Social Work Education, while the other state laws give the board authority to approve or accredit educational programs (see Table VI-3).

All state social work boards have the statutory power to suspend or revoke state-issued licenses, certificates or certificates of registration (see Table VI-4). Some states provide other options for boards to use as disciplinary sanctions: two states allow restricted licenses; three states allow censure; seven states allow reprimands; five states allow probation; one state allows an administrative fine; one state may order restitution; and five states have a general provision that the board "may take other disciplinary action" without specifying any of the sanctions just noted.

Thirty states require a written exam in addition to approved training and supervised work experience from applicants to qualify for state regulation. Two states require an oral exam In one state an applicant may request an oral exam. None of the states require a practical exam for applicant. Three states that register social workers do not require a written exam; instead, registration is granted on the basis of educational training and work experience.

Requirements for Licensure

As mentioned previously, most states grant more than one level of state regulation through licensure, certification or registration. More specifically, six states recognize four categories of social workers, 12 states recognize three categories of social workers, ten states recognize two categories, and five states recognize only one category of social worker (see Table VI-6). Generalizations about the one-, two-, three- and four-tiered regulatory systems are difficult to make since states do not act uniformly. Nonetheless, some generalizations are valid.

States which regulate only one category (whether by licensure, certification or registration) reserve regulation for persons with master's degrees in social work and several years' of supervised work experience. Their professional training and experience would equip such people for independent practice.

States with two categories of social worker either distinguish between bachelor and master's education with appropriate work experience, or between a social worker with a master's degree and one who is licensed for independent practice which requires additional supervised work experience.

States with three categories generally combine the three distinctions noted in the above paragraph and regulate 1. social workers with a bachelor's degree; 2. social workers with a master's degree in social work; and 3. social workers with an advanced degree in social work and several years of supervised work experience.

States with four categories generally recognize an associate degree in addition to the three categories noted in the above paragraph.

Continuing Education Requirements

According to state social work laws, over half of the states (i.e. 18 states) require continuing education credits as a condition of license or certificate renewal. (See Table VI-9 for complete information).

Interstate Recognition of Credentials

Twenty-five states have endorsement provisions which include various conditions, the most common of which is that the standards of the other state boards equal or exceed those established by the endorsing state board (see Table VI-8). Eight states have reciprocity provisions that in most cases include the provision that standards in the initial credential-granting state are not lower than in the entering state and that the other state accords similar privileges to persons licensed in the entering state. Two states, California and South Carolina, have neither reciprocity nor endorsement provisions in their social work laws.

Fee Schedule

The fee schedules for application, examination, renewal and other commonly-assessed fees are listed in Table VI-7.

TABLE VI-1

SOCIAL WORKER
TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Alabama	Licensure	CA 34-30-22
Arkansas	Licensure	Act 791 of 1981 Sec 1
California	Licensure	CB&PC 4.9020
Colorado	Licensure	CRS 12-63.5-106(1)
	Licensure	CRS 12-63.5-106(2)
	Registration	CRS 12-63.5-106(3)
Delaware	Licensure	DCA 3903
Florida	Licensure	FS 490.003(4)
Georgia	Licensure	OCG 43-7A-1
Idaho	Licensure	IC 54-3214
Illinois	Registration	111 IRS 6304
Iowa	Licensure	House File 2136 Sec 2
Kansas	Licensure	KAR 75-5348
Kentucky	Licensure	KRS 335.030
Louisiana	Licensure	RS 2703
Maine	Licensure	Rule 1.03
Maryland	Licensure	ACM 18-101(c)
Massachusetts	Licensure	ALM 112-130
Michigan	Registration	Art 16-1603
Montana	Licensure	MCA 37-22-101
New Hampshire	Certification	RSA 330-A:16c
New York	Licensure	CLNYA 7702
North Carolina	Certification	GSNC 90B-4
North Dakota	Licensure	NDCC 43-41-04
Ohio	Licensure Registration	AM. H-B 205,4757.02
Oklahoma	Licensure	OC 1251
Oregon	Registration	ORS 675.520
Rhode Island	Registration	GLRI 5-39-1
South Carolina	Registration	CLSC 40-63-10
South Dakota	Licensure	SDCL 36-26-13
Tennessee	Certification	TCA 63-20-102
	Licensure	TCA 63-20-103
Texas	Certification	TCSA 50.010
Utah	Licensure	UCA 58-35-3
Virginia	Licensure	R DOC 1.1
West Virginia	Licensure	WVC 30-30-4

Source: HPLIS/CSG; December 31, 1984

TABLE VI-2 Page 1 of 3

SOCIAL WORKER
ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	BOARD & DEPARTMENT	PROF.	PUB.	OTHER	TOTAL	CITATION
Alabama	State Board of Social Work Examiners	7[a]	0	0	7	CA 34-30-50
Arkansas	Social Work Licensing Bd.	6[b]	1	1[c]	8	Act 791s9
California	Bd. of Behavioral Science Examiners					
	Dept. of Consumer Affairs	2	6	3[u]	11	
Colorado	Bd. of Soc. Work Examiners Dept. of Reg. Agencies	3	4	0	7	CRS 12-63.5-104
Delaware	Bd. of Social Workers Ex.	3	2	0	5	DCA 3904
Florida	Dept. of Prof. Regulation[d]	0	0	0[d]	0	FS 490.15
Georgia	Composite Bd. of Pro Coun. Soc. Workers + M&F Therapists(t)	3	1	6[e]	10	OCG 43-7A-4
Idaho	Bd. of Social Work Exam. Bur. of Occ. Licenses	5[f]	0	0	5	IC 54-3203
Illinois	Social Workers Ex. Cmte. Dept. of Regis. & Ed.	7[g]	0	0	7	111 IRS 6313
Iowa	Bd. of Social Work Exam. Health Dept.	3	2	0	5	IAC 470-161.3
Kansas	Behavioral Sciences Reg. Bd.	2	3	2[d]	7	
Kentucky	St.Bd. of Ex. of Social Workers of KY Dept. of Finance	6[g]	1	0	7	KRS 335.058
Louisiana	St. Bd. of Bd. Certified Social Work Examiners	5*	0	0	5	RS 2704
Maine	Bd. of Social Worker Reg. Dept. of Bus. Regulation	7[h]	1	0	8	32 MRSA 7026
Maryland	St.Bd.of Soc. Work Exam. Dept. of Health & Mental Hygiene	4	1	0	5	ACM 18-202

TABLE VI-2

STATE	BOARD & DEPARTMENT	PROF.	PUB.	OTHER	TOTAL	CITATION
Massachusetts	Bd. of Registration of Social Workers					
Michigan	Bd. of Examiners of Social Workers Dept. of Licensing & Reg.	6	3	0	9	
Montana	Bd. of Soc. Work Examiners Dept. of Commerce	4*	1	0	5	MCA 2-15-1854
New Hampshire	St. Bd. of Examiners of Psychologists	1	1	5[i]	7	RSA 330-A:3
New York	St.Bd. for Social Work	7	0	0	7	CLNYA 7703
N. Carolina	Certification Bd. for Social Work	4[j]	3	0	7	GSNC 90B-5
North Dakota	Bd. of Soc. Work Exam.	4[k]	2	0	6	NDCC 43-41-08
Ohio	Counselor & Soc. Worker Bd.	4[r]	3	4[s]	11	H.B. 205,4757.
Oklahoma	St. Bd. of Licensed Social Workers	3	1	3	7	OS 1253
Oregon	St.Bd. of Clinical Social Workers Dept. of Human Res.	4	3	0	7	ORS 675.590
Rhode Island	Bd. of Registration St. Dept. of Social & Rehabilitative Services	5	0	0	5	GLRI 5-39-2
S. Carolina	Bd. of Social Worker Regis.	6	1	0	7	CLSC 40-63-20
South Dakota	Bd. of Soc. Work Examiners Dept. of Commerce & Consumer Affairs	4[m]	1	0	5	SDCL 36-26-3
Tennessee	Bd. of Social Worker Certification & Licensure	4[n]	1	0	5	TCA 63-20-101
Texas	Council for Social Work Certification Human Resources Dept.	6[o]	3	0	9	TCSA 50.004
Utah	Soc. Work Examiners Bd. Div. of Regis. of the Dept. of Regulation	4[p]	1	0	5	UCA 58-35-25

TABLE VI-2 Page 3 of 3

STATE	BOARD & DEPARTMENT	PROF.	PUB.	OTHER	TOTAL	CITATION
Virginia	Bd. of Social Work Dept. of Health Reg. Bds.	5	0	0	5	CV 54-942
West Virginia	Bd. of Soc. Work Examiners	6[q]	1	0	7	WVC 30-30-3

KEY:

*	One member engaged in education
a	Four licensed certified social workers; two licensed graduate social workers and one licensed bachelor social worker
b	Three licensed certified social workers; two licensed master social workers and one licensed social worker
c	Psychiatrist certified by the American Board of Psychiatry and Neurology. The Arkansas Board shall be composed of no less than two black members
d	Licensed psychologists
e	Four licensed professional counselors and three licensed marriage & family therapists
f	Three certified social workers and two social workers, four of whom have a degree from a graduate school of social work and three who have an undergraduate degree
g	Two shall be or be eligible to be certified social workers with five yrs. experience; two shall be or eligible to be social workers, with two yrs. experience; and two shall be or eligible to be, certified social workers licensed to engage in the independent practice of social work
h	Four certified social workers; two regular social workers; and one associate social worker
i	Two certified psychologists; one associate psychologist, one teacher of psychology with a doctoral degree and one certified pastoral counselor
j	Two certified social workers; two certified clinical social workers
k	Two licensed social workers; two licensed certified social workers
l	Two licensed social work associates and one member who shall be the president of the Oklahoma Chapter of the National Association of Social Workers
m	Two certified social workers; one social worker and one social work associate
n	Two independent practitioners; two certified master social workers
o	Three certified social workers; three social workers or social work associates
p	Two certified social workers; one social service worker; and one social service aide
q	Two certified social workers; two graduate social workers and two social workers
r	Two social workers and two independent social workers
s	Professional counselors
t	The Board will be established July 1, 1985
u	Two licensed Marriage, Family and Child Counselors and one licensed educational psychologist

Source: HPLIS/CSG; December 31, 1986

TABLE VI-3

SOCIAL WORKER
FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATES	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAM	PROMUGATES REGULATIONS
Alabama	Board	Council	Board
Arkansas	Board	Board	Board
California	Board	Board	Board
Colorado	Board	Board	Board
Delaware	Board	Council	Board
Florida	Department	Council	Board
Georgia	Board	Council	Board
Idaho	Board	Board	Board
Illinois	Department	Department	Department
Iowa	Board	Board	Board
Kansas	Board	Board	Board
Kentucky	Board	Board	Board
Louisiana	Board	Board	Board
Maine	Board	Board	Board
Maryland	Board	Council	Board
Massachusetts	Board	Board	
Michigan	Department	Department	Board
Montana	Board	Board/Council	Board
New Hampshire	Board	Council	Board
New York	Div. of Prof. Licensing	Div./Bd. of Regents	Div./Bd. of Regents
North Carolina	Board	Board/Council	Board
North Dakota	Board	Board/Council	Board
Ohio	Board(a)	(b)	Board
Oklahoma	Board	Council	Board
Oregon	Board	Council	Board
Rhode Island	Board	Council	
South Carolina	Board	Council	Board
South Dakota	Board	Council	Board
Tennessee	Board	Council	Board
Texas	Department	Department	Department
Utah	Division	Board	Board
Virginia	Board	Board	Board
West Virginia	Board	Council	Board recommends to Legislature

KEY:

Agencies are in reference to those in Table V-2.
Council - Council on Social Work Education

(a) With the recommendation of the Social Workers Professional Standards Committee, which is made up of the social work members of the Board, and one member of the general public
(b) An accrediting agency accepted by the Board of Regents

Source: HPLIS/CSG; December 31, 1984

TABLE VI-4

SOCIAL WORKER
ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Alabama	CA 34-30-4	x	x						
Arkansas	Act 791s17	x	x						
California	Title 16-1858	x	x						
Colorado	CRS 12-63.5-114	x	x				x		a
Delaware	DCA 3916	x	x	x	x	x	x		b
Florida	FS 490.009	x	x			x		x	
Georgia	OCG 43-7A-5(c)	x	x						c
Idaho	IC 54-3211	x	x						
Illinois	111 IRS 6315	x	x						
Iowa	IAC 470-161.211	x	x				x		
Kansas	KSA 75-5356	x	x						
Kentucky	KRS 335.150	x	x						
Louisiana	RS 2713	x	x						c
Maine	32 MRSA 7059	x	x						
Maryland	ACM 18-310	x	x		x				
Massachusetts	ALM 112-137	x	x		x	x			b,c
Michigan		x	x	x			x		d
Montana	MCA37-22-311	x	x			x			
New Hampshire	RSA 330-A:14(III)	x	x	x		x			b
New York									
N. Carolina	GSNC 90B-11	x	x						
North Dakota	NDCC 43-41-10	x	x						
Ohio	H.B. 205-4757.13	x	x						
Oklahoma	OS 1266	x	x						c
Oregon	ORS 75.540	x	x						

TABLE VI-4

Page 2 of 2

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Rhode Island	GLRI 5-39-16	x	x						
S. Carolina	CLSC 40-63-80	x	x						
South Dakota	SDCL 36-26-32	x	x						
Tennessee	TCA 63-20-106	x	x						c
Texas	TCSA 50-021	x	x			x	x		
Utah	UCA 58-35-11	x	x						
Virginia	Reg. DOC 6.2	x	x						
West Virginia	CVN 30-30-7	x	x						

KEY:

a Issue subpoenas
b Require additional education or training
c May take other disciplinary action
d Board may order restitution

Source: HPLIS/CSG; December 31, 1984

TABLE VI-5

SOCIAL WORKER EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alabama	a			R 850-x-6
Arkansas	a			Act 791,sec.5
California	x	may		R 16-1877
Colorado	a	may		CRS 12-63.5-106
Delaware	a			DCA 3908
Florida	a			R 21U-500.11(3)
Georgia	x	may		OCG 43-7A-9
Idaho	a			IC 54-3206
Illinois	a	yes		111 IRS 6312
Iowa	a			IAC 470-161.6
Kansas	a			KSA 75-5351
Kentucky	a			201 KAR 23:020
Louisiana	a	yes		LRS 2706
Maine	a			32 MRSA 83-7057
Maryland	a			R 10.42.01.07
Massachusetts	a,b	b		ALM 112-132
Michigan	no			
Montana	a			MCA 37-22-301
New Hampshire	a			R 1004.
New York	x			CLNYA 7704.4
North Carolina	a			GSNC 90B-7
North Dakota	a			NDCC 43-41-04
Ohio	x(c)			H.B. 205-4757.05
Oklahoma	a			OS 1261.1
Oregon	no			
Rhode Island	a	may		GLRI 5-39-10
South Carolina	no			
South Dakota	a			SDCLA 36-26-14
Tennessee	a			TCA 63-20-103
Texas	a			TCSA 50.014
Utah	a			UCA 58-35-9
Virginia	a,d			R Doc 1.2
West Virginia	a			WVC 30-30-5

KEY:

x The examination is written or approved by the Board
a The examination is written or approved by the American Association of State Social Work Boards, developed by Assessment Systems, Inc.
b Individual applicants may request a written, oral or both written and oral examination
c The Board may use the exam prepared by the Academy of Certified Social Workers
d The examination for a clinical social worker will include an oral examination

Source: HPLIS/CSG; December 31, 1984

TABLE VI-6

SOCIAL WORKER
INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
ALABAMA	CA 34-30-22							
Bachelor Social Worker		Bachelor				19		
Graduate Social Worker		Masters				19		
Certified Social Worker		Masters	2 yrs.			19		
ARKANSAS	Act 791-5							
Licensed Social Worker		Bachelor						
Lic. Masters Soc. Worker		Masters						
Lic. Certified Soc. Worker		Masters	2 yrs.					
CALIFORNIA	CBPC 9042							
Licensed Clinical Soc. Worker		Masters	2 yrs.					
COLORADO	CRS 12-63.5-106							
Registered Soc. Worker		Bachelor	2 yrs.			18		yes (d)
Licensed Social Worker		Masters	2 yrs.			18		yes (d)
Independent Practice		Masters	5 yrs.			18		yes (d)
DELAWARE	DCA 3907							
Lic. Clinical Soc. Worker		Masters						
FLORIDA	FS 490.005							
Clinical Social Worker		Masters	f					
GEORGIA	OCG 43-7A-12							
Master Social Worker		Masters	2 yrs.					
Clinical Social Worker		Masters	4 yrs.					
IDAHO	IC 54-3206							
Social Worker		Bachelor		a				
Certified Soc. Worker		Masters		a				
Independent Practice	IC 54-3207	g	2 yrs.					

TABLE VI-6

Page 2 of 6

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
ILLINOIS	111 IRS 6307							
Social Worker		Bachelor	b	a		21	yes (e)	
Certified Soc. Worker		Masters		a		21	yes (e)	
IOWA	IAC 470-161.4							
Licensed Social Worker		Masters	2 yrs.*					
KANSAS	KSA 75-5351							
Baccalaureate Soc. Worker		Bachelor		b				d
Master Social Worker		Masters		b				d
Specialties		Masters	2 yrs.	b				d
KENTUCKY								
Social Worker	KRS 335.090	Bachelor	2 yrs.*	a		18		
Certified Soc. Worker	KRS 335.080	Masters		a		18		
Independent Practice	KRS 335.100	g	2 yrs.*	a		18		
LOUISIANA	LRS 2706							
Bd. Certified Soc. Worker		Masters	2 yrs.	a		21		yes
MAINE	32 MRSA 7053							
Registered Social Worker		Bachelor	1 yr.*	b		18		yes
Associate Social Worker		Bach.(i)	2 yrs.	b		18		yes
Certified Social Worker		Masters		b		18		yes
Lic. Clinical Soc. Worker		Masters	2 yrs.	b		18		Yes
MARYLAND	ACM 18-302							
Social Worker Associate		Bachelor						
Graduate Social Worker		Masters						
Certified Social Worker		Masters	2 yrs.					
MASSACHUSETTS	ALM 112-131							
Social Work Associate		Associate			yes			
Social Worker		Bachelor	2 yrs.*[n]	yes				
Certified Social Worker		Masters						
Ind. Clinical Soc. Worker		Masters(g)	3 yrs.*					

TABLE VI-6

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
MICHIGAN								
Social Work Technician	Art 16-1604	2 yrs.. or	1 yr*[j]	a				
Social Worker	Art 16-1605	Bach.	2 yrs.*[k]	a				
Certified Social Worker	Art 16-1606	Masters	2 yrs.*	a				
MONTANA	MCA 37-22-301							
Licensed Social Worker		Masters	3000 hrs.*					
NEW HAMPSHIRE	RSA 330-A:16d							
Cert. Clinical Soc. Worker		Masters	2 yrs.					
NEW YORK	CLNYA 7704							
Certified Social Worker		Masters		a		21	no	
NORTH CAROLINA	GSNC 90B-7							
Certified Social Worker		Bachelor						
Certified Soc. Work Manager		Bachelor	2 yrs.					
Cert. Master Soc. Worker		Masters						
Cert. Clinical Soc. Worker		Masters	2 yrs.					
NORTH DAKOTA	NDCC 43-41-04							
Licensed Social Worker		Bachelor						
Licensed Cert. Soc. Worker		Masters						
Independent Practice (1)		Masters	3 yrs.					
OHIO	HB205,4757.09							
Independent Social Worker		Masters	2 yrs.*[u]					
Social Worker		Bachelor						
Social Work Assistant		Associate						
OKLAHOMA	OS 1261.1							
Lic. Soc. Work Associate		Bachelor	2 yrs.					
Licensed Social Worker		Masters	2 yrs.					
Private, Independent Practice		Lic. Soc. Worker	2 yrs.*					

TABLE VI-6

Page 4 of 6

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
OREGON	ORS 675.530							
Clinical Social Worker		Masters	2 yrs.					
RHODE ISLAND	GLRI 5-39-9							
Registered Social Worker		Masters		b				
Reg. Independent Soc. Worker		Masters	2 yrs.	b				
SOUTH CAROLINA	R 40-63-50							
Registered Social Worker		Masters						
SOUTH DAKOTA								
Social Work Associate	36-26-16	Associate						
Social Worker	36-26-15	Bachelor						
Certified Social Worker	36-26-14	Masters						
Independent Practice	36-26-17	Masters	2 yrs.					
TENNESSEE								
Cert. Master Soc. Worker	63-20-102	Masters						
Independent Practice	63-20-103	Masters	2 yrs.[m]					
TEXAS								
Social Work Associate	50.017	High School	q					
Social Worker	50.016	Bachelor	p					
Certified Soc. Worker	50.015	Masters	o					
Private Practice	50.020	r						
UTAH	UCA 58-35-5							
Social Service Aide				a		18		
Social Service Worker		Bachelor		a				
Certified Social Worker		Masters		a				
Independent Practice	58-35-6	Masters(c)	2 yrs.[*]	a				
VIRGINIA	R DOC 1.1							
Licensed Social Worker		Bachelor	2 yrs.[s]					
Lic. Clinical Soc. Worker		Masters	200 hrs.[†]					

TABLE VI-6 Page 5 of 6

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
WEST VIRGINIA	WVC 30-30-5							
Social Worker		Bachelor		b,c	yes			
Graduate Social Worker		Masters		b,c	yes			
Certified Social Worker		Masters	2 yrs.*	b,c	yes			

KEY:

1 An internship is defined as supervised work experience
* Experience
a Good moral behavior
b Merits the public trust
c Requires sworn statement from the applicant stating he or she has never been convicted of a felony involving moral turpitude
d Or employed in this state
e Or a petition for naturalization is pending or a declaration of intention to become a citizen has been made
f 3 years experience; 2 years at post masters level and 2 years under the supervision of a clinical social worker or one who meets those requirements
g Must be licensed under this act as a certified social worker
h 2 years experience in the field of social work and currently employed in the field
i Or have been employed in social work for not less than 6 years
j And is employed in the practice of social work. This may be waived if applicant has equivalent of 2,000 hours of voluntary service with a recognized agency; or was previously certified under former Act No. 352 of the Public Acts of 1972 and fulfills the other requirements of this section; or has an associate degree in social work from an approved college which includes supervised instructional field experience
k Or is enrolled in a graduate school of social work; or has a masters degree; or has the equivalent of 4,000 hours of voluntary service with a recognized agency
l Must be registered with the Board as eligible for private practice
m Must be certified under this act as a duly certified master social worker
n If the Bachelor degree is not in social work
o Or a master degree not in social work with 2 years social work experience; or a bachelor degree in social work or a related field with 5 years social work experience; or a bachelor degree not in social work with 10 years social work experience. All with approval from the Department

TABLE VI-6

p Or a bachelor degree not in social work with 5 years experience in social work; or an associate degree with 10 years social work experience. All with approval from the Department.
q With a specified number of years experience determined by the Department
r Certification as a certified social worker under this chapter; or a number of years of acceptable social work experience as determined by the Department
s Or a masters degree
t And 3 years experience
u Supervised by an independent Social Worker who is not primarily engaged in private practice

Source: HPLIS/CSG; December 31, 1984

TABLE VI-7

SOCIAL WORKERS SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCA
Alabama	$50	$50	$25/Bi			
Arkansas	$10*a	$40*	$20*/Bi			
California	$50		$20/Bi			
Colorado	b					
Delaware						
Florida	$250		$20/Bi			$150
Georgia	h					
Idaho	$20	$50	$20/An	$20	$10	$35
Illinois	$25	cost	$20/An		$10	$35
Iowa	$100	$75	$120/Bi		$10	
Kansas	$50	$50	$50*/Bi		$20*	
Kentucky		$75	$90/3 yrs			
Louisiana	$50	$90	$50/An		$15	$50
Maine	$20c	$40	$40/Bi			
Maryland		cost	$50*/Bi			
Massachusetts						
Michigan	$25		$15/An			$25
Montana	$50d	$50				
New Hampshire	$100		$50/Bi			
New York		$100	$60/Bi			
North Carolina	$50*	$100*				
North Dakota						
Ohio	$75*i		$75*/Bi			
Oklahoma	$75*	$50*	$50*/An			
Oregon	$50*		$40*/An			
Rhode Island	$50		$25/An			
South Carolina	$20		$10/An			
South Dakota	$70e	$55	$70/Bi		$ 2	$60*
Tennessee	$50f		$50/An			
Texas						
Utah	$75*g		$70*/Bi			
Virginia	$50	$65	$90/Bi			
West Virginia						

TABLE VI-7

Page 2 of 2

KEY:

* Not more than
a For original issuance of a license, a fee not more than $25
b All application fees will be charged according to prevailing rates at the time applications are submitted. Fees shall vary between the different levels of licensure/registration
c Plus registration fee for an associate social worker $25; registered social worker $25; certified social worker $50; or certified social worker with independent practice, $50
d Plus original licensure fee of $25
e For both application and renewal fees for social workers authorized to engage in private independent practice. $60 for certified social workers; $50 for social workers; and $40 for social work associates
f $150 fee for an independent practitioner
g Application fee not to exceed $50 for social service worker; and not to exceed $20 for social service aide. Renewal fee for social service worker not to exceed $50; and for social service aide not to exceed $15
h Fees will be established after July 1, 1985
i Unless the Board determines it necessary to increase fees to cover expenses

Source: HPLIS/CSG; December 31, 1984

TABLE VI-8

Page 1 of 2

SOCIAL WORKER
RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Alabama	Endorsement	a	CA 34-30-24
Arkansas	Endorsement	c	Act 791-13
California	None		
Colorado	Endorsement	c	CRS 12-63.5-109
Delaware	Endorsement	b + d	DCA 3909
Florida	Endorsement	a + d	FS 490.006
Georgia	Reciprocity	c + e	OCG 43-7A-10
Idaho	Endorsement	c	IC 54-3208.3
Illinois	Reciprocity	c + e	111 IRS 6309
Iowa	Endorsement	k	R 470-161.4
Kansas	Endorsement	c + f	KSA 75-5354(a)
Kentucky	Reciprocity	a + e	KRS 335.120
Louisiana	Reciprocity	c + e	Rule 11
	Endorsement	c	Rule 11
Maine	Endorsement	c	32 MRSA 7054
Maryland	Endorsement	a+f+g	ACM 18-305
Massachusetts	Endorsement	c+f+h	ALM 112-132
Michigan	Endorsement	i	Act 299
Montana	Endorsement	c + f	MCA 37-22-301(4)
New Hampshire	Endorsement	a + b	R 1005.01
New York			
North Carolina	Endorsement	c	GSNC 90B-8
North Dakota	Endorsement	c	NDCC 43-41-07
Ohio	Reciprocity	a + e	HB205-475.10
Oklahoma	Reciprocity	a + e	OS 1261.4
Oregon	Endorsement	a	R 877-20-015.3
Rhode Island	Endorsement	c	GLRI 5-39-10.1
South Carolina	None		CLSC 40-63-50
South Dakota	Endorsement	c + f	SDCL 36-26-18
Tennessee	Endorsement(m)	a + j	TCA 63-20-109
Texas	Reciprocity	e	TCSA 50.032
	Endorsement	c	TCSA 50.032
Utah	Reciprocity(1)		
Virginia	Endorsement	c	DOC 3.1
West Virginia	Endorsement	c or f	WVC 30-30-6.C

TABLE VI-8 Page 2 of 2

KEY:

a If licensed or certified by another state on the basis of qualifications which equal or exceed those established by the Board
b Must have passed a national examination equivalent to the advanced level examination of the American Association of State Social Work Board's
c If licensed by a similar board of another state, territory or district, whose standards, in the opinion of the Board are not lower than those required by this Act
d The Board will determine if there are disciplinary proceedings or unresolved complaints pending. If so, applicant will not be licensed until proceeding or complaint is resolved
e If the state or territory accords a similar privilege to holders of licenses under this chapter
f Applicant has passed an examination similar to that for which exemption is sought
g Did not previously receive a waiver of the examination requirement from the Board
h License has not been suspended or revoked by the licensing jurisdiction
i Applicants are evaluated separately according to their individual credentials
j Applicant has not previously failed the exam given by the Board
k Applicant has passed the "C" level exam of the American Association of State Social Work Boards; or the Academy of Certified Social Workers Examination during the period of November 1972 To December 31, 1984. The exam or project in social work required for the masters or doctoral degree received prior to November 1972 will fulfill the exam requirements
l Idaho is the only state that Utah has a reciprocal agreement with. All other applicants must take Utah's examination
m Applies only to an independent practitioner

Source: HPLIS/CSG; December 31, 1984

TABLE VI-9

Page 1 of 2

SOCIAL WORKER
CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	CITATION	EXTENT
Alabama	Yes	R 850-x-12	20-30 hrs/biennially
Arkansas	Yes	Act 791-14d	
California	No		
Colorado	Yes	Rule x	14 hrs/biennially
Delaware	May	DCA 3912	
Florida	Yes	R 21U-502.01	30 hrs/biennially
Georgia	Yes	OCG 43-7A-16	
Idaho	No		
Illinois	No		
Iowa	Yes	IAC 470-161.100	24 hrs/biennially
Kansas	Yes	KAR 102-2-4	60 hrs/biennially
Kentucky	May	KRS 335.130(4)	
Louisiana	No		
Maine	Yes	Rule 2:02	45 hrs/4 yr. period
Maryland	May	ACM 18-308e	
Massachusetts	Yes	ALM 112-136	
Michigan*	none		
Montana	Yes	MCA 37-22-304	
New Hampshire*	none		
New York*	none		
North Carolina	Yes	GSNC 90B-9b	
North Dakota	Yes	NDCC 43-41-12	
Ohio	Yes	H.B.205-4757.05	Min. of 24 hrs/bi (a)
Oklahoma	Yes	Rules	12 hrs/annually
Oregon	May	OAR 877-20-030	
Rhode Island*	none		
South Carolina	Yes	R 110-1	30 hrs/annually
South Dakota	Yes	R 20:59:04:02	30 hrs/biennially
Tennessee	No		
Texas	No	TCSA 50-034	Voluntary
Utah	No		
Virginia	Yes	DOC 4.3:B	
West Virginia	Yes	WVC 30-30-10	

KEY:

* Information taken from a November 1984 document and may not be current

a A social worker who holds a bachelor degree in a program closely related to social work shall complete five hours, or their equivalent, in a social work theory course and a social work seminar at an accredited educational institution in lieu of the continuing education requirements established by the Board, for the first renewal period of his or her license

Source: HPLIS/CSG; December 31, 1984

APPENDICES

APPENDIX

Table A-1

BEHAVIORAL SCIENCE PROFESSIONS UNDER STATE SUNSET REVIEWS

STATE	CLINICAL SOCIAL WORKER	PSYCHOLOGIST
Delaware		S
Georgia		S
Indiana[2]		
Louisiana[3]		
New Hampshire[4]		
New Mexico		**
Oklahoma		C
Oregon	C	C
Tennessee		*
Utah		**

C - report in committee
S - scheduled to be reviewed
* - reviewed in 1984
** - reviewed in 1985

[1] - Counselors (marriage, family, and pastoral) were not in included in the table as there was no information on sunset review audits concerning counselors gathered in a telephone survey conducted April 22-26, 1985.

[2] - Indiana reviewed all occupational licensing boards in 1979.

[3] - Louisiana reviewed all agencies of the Dept. of Health and Human Resources.

[4] - All occupational boards were audited in 1981. The next review will be in 1987.

Source: Information for Table A-1 was compiled through a telephone survey of all states which had sunset laws in April 1985. Each state contact was asked "which health professions were reviewed under sunset in your state in 1984 and 1985." Federal funds were not used for this survey.

APPENDIX

Table A-2

SUNRISE REVIEWS CONDUCTED ON BEHAVORIAL SCIENCE PROFESSIONS 1984-85

STATE	PROFESSION	ACTION REQUESTED BY PROFESSIONAL GROUP	RECOMMENDATION MADE BY SUNRISE AUDIT COMMITTEE
KANSAS	Family & Marriage Counselors	Licensure	Under Consideration
	Professional Counselors	Licensure	Under Consideration
	Psychologists (Master's level)	Licensure	Registration
MICHIGAN	Clinical Social Workers	Licensure	Licensure
MINNESOTA	Marriage & Family Therapists	Licensure	Under Consideration
	Social Workers	Licensure	Under Consideration
VIRGINIA	Social Workers Psychologists Professional Counselors	Overall Licensure	Under Consideration
WASHINGTON	Marriage Counselor	Certification	Certification
	Mental Health Counselor	Certification	Certification
	Social Worker	Certification	Certification

Source: Information for Table A-2 was compiled through a written survey to state officials in April 1985.

APPENDIX

Table A-3

NATIONAL ORGANIZATIONS WITH REGULATORY INFORMATION ON COUNSELORS, PSYCHOLOGISTS AND SOCIAL WORKERS

National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR)
P.O. Box 11910
Iron Works Pike
Lexington, KY 40578
Contact: Fran Berry, Director (606) 252-2291

American Association for Counseling and Development
5999 Stevenson Avenue
Arlington, VA 22304
Contact: Frank Burtnett, Asst. Executive Director (703) 823-9800

American Association for Marriage and Family Therapy
1717 K Street, N.W., Suite 407
Washington, D.C. 20006
Contact: Mark Ginsberg, Executive Director (202) 429-1825

American Association of Pastoral Counselors
9508-A Lee Highway
Fairfax, VA 22031
Contact: Dr. James W. Ewing, Director (703) 385-6967

American Association of State Psychology Boards
P.O. Box 4384
Montgomery, AL 36101
Contact: Randolph Reaves, Executive Officer (205) 832-4202

American Psychological Association
1200 17th St., N.W.
Washington, DC 20036
Contact: Len Goodstein, Director (202) 955-7641

American Association of State Social Work Boards
6406 Garners Ferry Road
Columbia, SC 29209
Contact: Dr. David Jeffreys, Executive Director (803) 766-6024

National Association of Social Workers
7981 Eastern Avenue
Silver Springs, MD 20910
Contact: Dr. Miles Johnson (301) 565-0333

National Federation of Clinical Social Workers
2989 Broadmoir Valley Road
Colorado Springs, CO 80906
Contact: Gary Unruh, Executive Director (303) 576-4855